

STANDARD AGREEMENT AMENDMENT

STD 213-A (Rev 9/01)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 19 Pages

AGREEMENT NUMBER

AMENDMENT NUMBER

COUNTY36

1 (02/03)

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME

Department of Alcohol and Drug Programs (ADP)

CONTRACTOR'S NAME

County of San Bernardino

2. The term of this

Agreement is:

July 1, 2001

through

June 30, 2005

3. The maximum amount of this

\$16,632,227 (FY 2002/03 only)

Agreement after this amendment is:

Sixteen million, six hundred thirty-two thousand, two hundred twenty-seven dollars and no cents

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Paragraph 3 of the contract face sheet is amended to increase the FY 2002/03 contract amount by \$1,007,570 for a new FY 2002/03 amount as shown in paragraph 3 above.

Paragraph 4 of the contract face sheet is amended to add the following documents:

Exhibit A-1, County Prevention and Treatment Programs Fiscal Summary V.1, and corresponding budget detail forms, FY 2002/03;

Exhibit B, FY 2002/2003, General Terms and Conditions;

Exhibit C, FY 2002/2003, Negotiated Net Amount and

Exhibit D, FY 2002/2003, Drug Medi-Cal Substance Abuse Treatment Services.

The effective date of this amendment is July 1, 2002.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

County of San Bernardino

BY (Authorized Signature)



DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Dennis Hansberger, Chairman, Board of Supervisors,

San Bernardino County

STATE OF CALIFORNIA

AGENCY NAME

Department of Alcohol and Drug Programs

BY (Authorized Signature)



DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Ann Horn, Deputy Director, Division of Administration

ADDRESS

1700 K Street, Sacramento, CA 95814-4037

CALIFORNIA
Department of General Services
Use Only

X Exempt per: DGS memo dated 7/10/96 and
Welfare and Institutions Code 02087.4

**FISCAL ALLOCATION DETAIL
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
2002-03 NNA /Drug Medi-Cal Budget V.1**

EXHIBIT A1

San Bernardino County

STATE FUNDS 7/1/02-6/30/03 [12 months]**STATE GENERAL FUNDS**

State General Funds - NNA
State General Funds - D/MC

AMOUNTS	TOTALS	PCA/OBJ
\$520,729.00		50210/702.11
\$1,912,849.00		50212/702.10
	\$2,433,578.00	

TOTAL STATE GENERAL FUNDS

PERINATAL STATE GENERAL FUNDS

Perinatal State General Funds - NNA
Perinatal State General Funds - D/MC

\$824,392.00	50213/702.21
\$32,295.00	50211/702.20
	\$856,687.00

TOTAL PERINATAL STATE GENERAL FUNDS

ALL OTHER STATE GENERAL FUNDS

Women's and Children's Residential Treatment Services SGF

\$0.00	50213/702.22
	\$0.00

TOTAL ALL OTHER STATE GENERAL FUNDS

PAROLEE FUNDS

Parolee Services Network Funds

\$519,363.00	50259/702.18
	\$519,363.00

TOTAL PAROLEE FUNDS

TOTAL STATE FUNDS 7/1/02-6/30/03 [12 months]**\$3,809,628.00**FEDERAL FUNDS**SAPT BLOCK GRANT - 93.959 [10/1/01-6/30/03 21 Months] (FFY 2002 award)**

SACPA SAPT SB223 FFY 2002
SAPT Perinatal Set-Aside One Time Increase - FFY 2002
SAPT Discretionary One Time Increase - FFY 2002

\$408,844.00	50263/702.52
\$0.00	50264/702.36
\$103,295.00	50263/702.30
	\$512,139.00

TOTAL SAPT BLOCK GRANT - 93.959 [10/1/01-6/30/03 21 Months] (FFY 2002 award)

SAPT BLOCK GRANT - 93.959 [7/1/02-6/30/04 21 Months] (FFY 2003 award)

Female Offender Treatment Services - FFY 2003 Award (93.959)
SAPT Discretionary - FFY 2003 Award (93.959)
Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)
SAPT-Friday Night Live - FFY 2003 Award (93.959)
SAPT Club Live - FFY 2003 Award (93.959)
SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)
HIV Set-Aside - FFY 2003 Award (93.959)
SAPT Perinatal Set-Aside - FFY 2003 Award (93.959)
SAPT Special Projects - FFY 2003 Award (93.959)
Youth Development&Crime Prev.(YDCP)-FFY2003 Award(93.959)

\$128,928.00	50363/702.40
\$6,414,871.00	50363/702.30
\$418,828.00	50363/702.49
\$15,000.00	50362/702.33
\$15,000.00	50362/702.33
\$2,258,225.00	50362/702.31
\$422,645.00	50363/702.35
\$664,395.00	50364/702.36
\$0.00	various/702.45
\$0.00	50363/702.4

TOTAL SAPT BLOCK GRANT - 93.959 [7/1/02-6/30/04 21 Months] (FFY 2003 award)

\$10,337,892.00**FEDERAL DRUG/MEDI-CAL FUNDS (REIMBURSEMENT) [12 Months]**

Drug Medi-Cal (Fed Share Only)
Perinatal Medi-Cal (Fed Share Only)

\$1,939,817.00	7000/50194/702.10
\$32,751.00	7000/50195/702.20

TOTAL FEDERAL DRUG/MEDI-CAL FUNDS (REIMBURSEMENT) [12 Months]

\$1,972,568.00**TOTAL FEDERAL FUNDS****\$12,822,599.00****GRAND TOTAL ALL FUNDS****\$16,632,227.00**

San Bernardino County Prevention & Treatment Programs Fiscal Summary/2002-03 NNA /Drug Medi-Cal Budget V

Summary

Line	Fund Sources	Support	Primary Prev	Sec Prev	Non-Resident	Narcotics	Residential	Ancillary	DUI	Total
40	Drug Medi-Cal (Fed Share Only) Fed. Cal #93.778				527,700	1,412,117				1,939,817
40a	Perinatal Medi-Cal (Fed Share Only) Fed Cal #93.778				32,751					32,751
40b	Perinatal SGF Drug Medi-Cal				32,295					32,295
41c	Perinatal State General Fund(PSGF)	395,210			167,740			328,162		891,102
41d	Women's and Children's Residential Treatment Services SGF									0
41e	Perinatal State General Fund - Backfill				23,260					23,260
41x	Perinatal SACPA SGF DMC Backfill									0
41y	Female Offender Treatment Services - FFY 2002 Award (93.95)						66,758			66,758
45-02	Female Offender Treatment Services - FFY 2003 Award (93.95)	66,758					62,170			128,928
45-03	Parolee Services Network Funds (BASN, PFNP, PPP)	30,751			224,720		193,397	61,505		519,363
46	SAPT Discretionary - FFY 2002 Award (93.95)				1,492,760		2,816,594	402,935		5,688,719
50-02	SAPT Discretionary - FFY 2002 One Line Increase		874,429							103,285
50-02a	SAPT Discretionary - FFY 2003 Award (93.95)	103,295								6,414,871
50-03	Adolescent Youth Treatment Program - FFY 2002 Award (93.95)	5,388,926			259,559			756,400		133,809
50a-03	Adolescent Youth Treatment Program - FFY 2003 Award (93.95)	155,185			118,809			15,000		418,828
50b-02	SAPT Friday Night Live - FFY 2002 Award (93.95)				263,633					0
50b-03	SAPT Friday Night Live - FFY 2003 Award (93.95)	3,750	11,250							15,000
50c-02	SAPT Club Live - FFY 2002 Award (93.95)									0
50c-03	SAPT Club Live - FFY 2003 Award (93.95)	3,750	11,250							15,000
50d-02	SAPT Primary Prevention Set-Aside - FFY 2002 Award (93.95)		178,328							178,328
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.95)	556,276	1,701,950							2,258,225
51-02	HIV Set-Aside - FFY 2002 Award (93.95)							422,645		422,645
51-03	HIV Set-Aside - FFY 2003 Award (93.95)	422,645								422,645
52-02	SAPT Perinatal Set-Aside - FFY 2002 Award (93.95)	7,880			92,864			71,058		171,802
52-02a	SAPT Perinatal Set-Aside One Time Increase FFY 2002 Award (93.95)									0
52-03	SAPT Perinatal Set-Aside - FFY 2003 Award (93.95)				259,370			205,707		864,395
52-04	SAPT Special Projects - FFY 2002 Award (93.95)	199,318								0
52-05	SAPT Special Projects - FFY 2003 Award (93.95)									0
53-03	SAPT Special Projects - FFY 2003 Award (93.95)									0
54-03	Youth Development/Crime Prev (YDCP)-FFY 2003 Award(93.95)									0
58a	EOD-Private Industry Council									0
58a-02	SACPA SPT - Drug Testing SACPA Only - FFY 2002 Award							408,844		408,844
58b-02	SACPA SPT - Additional Discretionary(SB223) FFY 2002 Awa									0
62-01	SDFSC Community Based Prevention - SFY 2001 Award (84.1E		42,532							42,532
70	SGF Drug Medi-Cal				520,384	1,302,485				1,912,849
78	SACPA State General Fund (SGF)	58,931			3,026,801	78,594	867,727			4,032,133
78a	SACPA Fees				209,000					209,000
78b	SACPA County Other Funds									0
78c	SACPA Provider Other Funds									0
79	Medi-Cal Administrative Activities - MAC									0
80	Non-County Revenue		4,081		32,725			4,893		41,708
80c	State General Fund									3,102
80d	DSS CallWORKS SGF									1,411,080
80e	Drug Court Partnership Program Grant	114,881			718,396		451,797	240,887		400,001
80f	State General Fund - Backfill				285,110					517,627
80g	SACPA SGF DMC Backfill				517,627					0
81c	Required County Match	34,749			74,166			25,543		134,458
82	County Fund - Other	178,535			1,072,216		193,389	99,396		1,541,446
82a	Provider Unrestricted Funds									0
82b	County Unrestricted Funds									0
83	Excess Fees									0
84	Fees				83,879			40,110		123,989
85	Insurance									0
86	PC 1463.25 - SB 920 HS 11372.7 - SB 921		310,000							310,000
87	PC 1463.16 - Stalham		311,583		13,437					325,000
87c	Stalham - Match							15,000		15,000
88	Excess DUI Profit/Surplus								26,782	26,782
89	DUI Fees(exclude adm for SvcCd 90) & adm(SvcCd 00)	65,000							3,024,450	3,089,450
89a	PC 1000 Administrative Fees	65,000								65,000

PRIMARY PREVENTION

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 360025 Inland Valley Drug & Alcohol Recovery Service

934 North Mountain Avenue, Suite A & B Upland, 91786

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:Alcohol/Drug

Units: 3,000 Hours

Cost Per Unit: 40.52

Line#	Funding Sources	Amount
86	PC 1463.25 - SB 920 HS 11372.7 - SB 921	\$60,000.00
87	PC 1463.16 - Statham	\$61,563.00
Total:		\$121,563.00

Provider: 360030 Rolling Start Inc

570 West 4th Street #102 San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 1,580 Hours

Cost Per Unit: 21.06

Line#	Funding Sources	Amount
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$33,280.00
Total:		\$33,280.00

Provider: 360070 Hase and Associates Systems, Inc

353 West Sixth Street San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 5,118 Hours

Cost Per Unit: 29.38

Line#	Funding Sources	Amount
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$150,346.00
Total:		\$150,346.00

Provider: 363600 San Bernardino County Department of Behavioral Health

850 East Foothill Boulevard, Suite A Rialto, 92376

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 1,841 Hours

Cost Per Unit: 89.37

Line#	Funding Sources	Amount
50d-02	SAPT Primary Prevention Set-Aside - FFY 2002 Award (93.959)	\$124,416.00
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)	\$40,119.00

PRIMARY PREVENTION

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363609 Reach Out West End

123 East Ninth Street, Suite 102 Upland, 91786

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 8,017 Hours

Cost Per Unit: 50.69

Line#	Funding Sources	Amount
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$344,601.00
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)	\$61,761.00
Total:		\$406,362.00

Provider: 363616 Hi-Desert Mental Health Center

309 East Mountain View, Suite 100 Barstow, 92311

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:Alcohol/Drug

Units: 1,500 Hours

Cost Per Unit: 26.67

Line#	Funding Sources	Amount
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)	\$40,000.00
Total:		\$40,000.00

Provider: 363617 Redlands-Yucaipa Guidance Clinic Association, Inc.

1323 West Colton Avenue, Suite 100, 210 & 215 Redlands, 92374

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 3,351 Hours

Cost Per Unit: 50.31

Line#	Funding Sources	Amount
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)	\$167,587.00
80	Non-County Revenue	\$1,000.00
Total:		\$168,587.00

PRIMARY PREVENTION

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363626 **Big Bear Family C.C.**
 4945 Big Bear Boulevard, Suite 222 Big Bear Lake, 92315

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:
 Units: 2,392 Hours
 Cost Per Unit: 30.81

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		Total:
		\$73,708.00

Provider: 363627 **Rim Family Services, Inc.**
 28545 Highway 18 Skyforest, 92385

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:
 Units: 726 Hours
 Cost Per Unit: 55.10

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)	\$40,000.00
		Total:
		\$40,000.00

Provider: 363630 **County of San Bernardino-Department of Behavioral Health**
 12625 Hesperia Road Victorville, 92392

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:
 Units: 791 Hours
 Cost Per Unit: 63.95

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50d-02	SAPT Primary Prevention Set-Aside - FFY 2002 Award (93.959)	\$50,584.00
		Total:
		\$50,584.00

Provider: 363634 **Hi-Desert Child/Adolescent/Family Services**
 16248 Victor Street Victorville, 92392

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:
 Units: 2,500 Hours
 Cost Per Unit: 42.95

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50d-03	SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)	\$104,275.00
80	Non-County Revenue	\$3,091.00

PRIMARY PREVENTION

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363646 Casa De San Bernardino

735 North D Street, Suite 7-8 San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 5,765 Hours

Cost Per Unit: 29.49

Line# Funding SourcesAmount

Total: \$170,000.00

Provider: 363648 Merrill Community Services

16806 Ceres Avenue Fontana, 92335

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 1,300 Hours

Cost Per Unit: 32.82

Line# Funding SourcesAmount

50d-03 SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959) \$42,670.00

Total: \$42,670.00

Provider: 363649 Desert counseling Clinic, Inc.

13860 Fremont Street #3 Trona, 93562

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 900 Hours

Cost Per Unit: 48.89

Line# Funding SourcesAmount

50d-03 SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959) \$44,000.00

Total: \$44,000.00

Provider: 363659 People's Choice Inc

1505 West Highland Suite 5, 6, 9, 11 San Bernardino, 92411

Program Code : 1 Alcohol/Drug

Service Code : 13 Education

Desc:

Units: 5,203 Hours

Cost Per Unit: 48.05

Line# Funding SourcesAmount

86 PC 1463.25 - SB 920 HS 11372.7 - SB 921 \$125,000.00

87 PC 1463.16 - Statham \$125,000.00

PRIMARY PREVENTION

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363678 **Mental Health Systems Inc.**

1076 Santo Antonio Avenue, Suite B Colton, 92324

Program Code : 1 Alcohol/Drug**Service Code :** 13 Education

Desc:

Units: 6,531 Hours

Cost Per Unit: 38.28

Line# Funding SourcesAmount

Total: \$250,000.00

Provider: 363699 **San Bernardino County Office of Alcohol & Drug Programs**

6180 Riverside Drive Suite H Chino, 91710

Program Code : 1 Alcohol/Drug**Service Code :** 13 Education

Desc:

Units: 1,008 Hours

Cost Per Unit: 47.45

Line# Funding SourcesAmount

50d-03 SAPT Primary Prevention Set-Aside - FFY 2003 Award (93.959)

\$47,831.00

Total: \$47,831.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 360025 **Inland Valley Drug & Alcohol Recovery Service**
 934 North Mountain Avenue, Suite A & B Upland, 91786

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

 Units: 32 Hours
 Cost Per Unit: 85.88
Line# Funding SourcesAmount

Total: \$2,748.00

Total # of Indiv:45 Grp Sessions:145

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

 Units: 67 Hours
 Cost Per Unit: 87.24
Line# Funding SourcesAmount

82 County Fund - Other

\$5,845.00

Total: \$5,845.00

Indv Sessions:27

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

 Units: 17 Hours
 Cost Per Unit: 86.18
Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$1,465.00

Total: \$1,465.00

Total # of Indiv:24 Grp Sessions:145

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

 Units: 60 Hours
 Cost Per Unit: 86.60
Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$5,196.00

Total: \$5,196.00

Indv Sessions:24

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

 Units: 60 Hours
 Cost Per Unit: 85.48
Line# Funding SourcesAmount

82 County Fund - Other

\$5,129.00

Total: \$5,129.00

Total # of Indiv:84 Grp Sessions:145

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 360025 Inland Valley Drug & Alcohol Recovery Service

934 North Mountain Avenue, Suite A & B Upland, 91785

Program Code : 14 NNA Calwks

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 105 Hours

Cost Per Unit: 86.59

Line# Funding SourcesAmount

Total: \$9,092.00

Indv Sessions:42

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 44 Per Person

Cost Per Unit: 67.16

Line# Funding SourcesAmount

40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$678.00
70	SGF Drug Medi-Cal	\$668.00
80x	State General Fund - Backfill	\$1,448.00
81c	Required County Match	\$161.00

Total: \$2,955.00

DMC County Admin:\$269 Total # of Indiv:44 Grp Sessions:145

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 24 Per Person

Cost Per Unit: 238.13

Line# Funding SourcesAmount

40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$772.00
70	SGF Drug Medi-Cal	\$761.00
80x	State General Fund - Backfill	\$3,764.00
81c	Required County Match	\$418.00

Total: \$5,715.00

DMC County Admin:\$520

Provider: 360040 Saint John of God Health Care

1335 Palmdale Victorville, 92392

Program Code : 1 Alcohol/Drug

Service Code : 32 Aftercare

Desc:

Units: 350 Hours

Cost Per Unit: 50.00

Line# Funding SourcesAmount

82	County Fund - Other	\$17,500.00
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Total: \$17,500.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363600 San Bernardino County Department of Behavioral Health

850 East Foothill Boulevard, Suite A Rialto, 92376

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 319 Hours

Cost Per Unit: 75.09

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$23,955.00

Total:

\$23,955.00

Total # of Indiv:700 Grp Sessions:1330

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 305 Hours

Cost Per Unit: 75.44

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$23,010.00

Total:

\$23,010.00

Indv Sessions:300

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 19 Hours

Cost Per Unit: 97.84

Line# Funding SourcesAmount

82 County Fund - Other

\$1,859.00

Total:

\$1,859.00

Total # of Indiv:39 Grp Sessions:1330

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Unit: 00 Hours

Cost Per Unit: 95.27

Line# Funding SourcesAmount

82 County Fund - Other

\$2,858.00

Total:

\$2,858.00

Indv Sessions:26

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 706 Hours

Cost Per Unit: 96.38

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$7,242.00

78a SACPA Fees

\$60,800.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363600 **San Bernardino County Department of Behavioral Health**
 850 East Foothill Boulevard, Suite A Rialto, 92376

Program Code : 25 **ADOLESCENT/YOUTH TREATMENT**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:

Units: 183 Hours

Cost Per Unit: 96.09

Line# Funding Sources

Amount

Total: \$17,584.00

Total # of Indiv:369 Grp Sessions:1330

Service Code : 34 **Outpatient Drug Free(ODF) Individual**

Desc:

Units: 472 Hours

Cost Per Unit: 96.42

Line# Funding Sources

Amount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$45,512.00

Total: \$45,512.00

Indv Sessions:414

Program Code : 97 **DMC Non-Peri**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:

Units: 3,272 Per Person

Cost Per Unit: 52.42

Line# Funding Sources

Amount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$50,412.00

70 SGF Drug Medi-Cal

\$49,711.00

80x State General Fund - Backfill

\$51,599.00

81c Required County Match

\$19,791.00

Total: \$171,513.00

DMC County Admin:\$15592 Total # of Indiv:3272 Grp Sessions:1330

Service Code : 34 **Outpatient Drug Free(ODF) Individual**

Desc:

Units: 564 Per Person

Cost Per Unit: 120.93

Line# Funding Sources

Amount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$18,146.00

70 SGF Drug Medi-Cal

\$17,894.00

80x State General Fund - Backfill

\$28,947.00

81c Required County Match

\$3,216.00

Total: \$68,203.00

DMC County Admin:\$6200

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363601 **San Bernardino County of Behavioral Health**
 850 East Foothill Boulevard, Suite A, Rialto, 92376

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 289 Hours

Cost Per Unit: 94.93

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		Total:
		\$27,436.00

Total # of Indiv:554 Grp Sessions:1183 SACPA People:34

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 178 Hours

Cost Per Unit: 95.20

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$16,945.00
		Total:
		\$16,945.00

Indv Sessions:135 SACPA People:34

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 609 Hours

Cost Per Unit: 94.97

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$57,839.00
		Total:
		\$57,839.00

Total # of Indiv:1267 Grp Sessions:1183

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 646 Hours

Cost Per Unit: 95.02

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$61,381.00
		Total:
		\$61,381.00

Indv Sessions:489

Program Code : 98 DMC Non-Peri other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 1,904 Per Person

Cost Per Unit: 50.22

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$29,335.00
70	SGF Drug Medi-Cal	\$28,927.00
80x	State General Fund - Backfill	\$33,613.00
81c	Required County Match	\$3,735.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363615 Matrix Institute on Addiction

9375 Archibald Avenue, Suite 204 Rancho Cucamonga, 91730

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 74 Hours

Cost Per Unit: 74.68

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$5,526.00
Total:		\$5,526.00

Total # of Indiv:177 Grp Sessions:2028

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 30 Hours

Cost Per Unit: 75.13

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$2,254.00
Total:		\$2,254.00

Indv Sessions:18

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 2,882 Hours

Cost Per Unit: 75.05

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$216,281.00
Total:		\$216,281.00

Total # of Indiv:317 Grp Sessions:2028 SACPA People:164

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 1,096 Hours

Cost Per Unit: 75.07

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$82,273.00
Total:		\$82,273.00

Indv Sessions:657 SACPA People:164

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 226 Hours

Cost Per Unit: 75.02

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$16,954.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363615 **Matrix Institute on Addiction**

9375 Archibald Avenue, Suite 204 Rancho Cucamonga, 91730

Program Code : 20 Adolescent/Youth Treatment**Service Code :** 34 Outpatient Drug Free(ODF) Individual**Desc:**

Units: 25 Hours

Cost Per Unit: 75.12

Line# Funding SourcesAmount

50a-03	Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)	\$1,878.00
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Total:	\$1,878.00
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Indv Sessions:15

Program Code : 97 DMC Non-Peri**Service Code :** 33 Outpatient Drug Free(ODF) Group**Desc:**D/MC

Units: 324 Per Person

Cost Per Unit: 34.34

Line# Funding SourcesAmount

40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$4,992.00
70	SGF Drug Medi-Cal	\$4,922.00
80x	State General Fund - Backfill	\$1,092.00
81c	Required County Match	\$121.00

Total:	\$11,127.00
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DMC County Admin:\$1012 Total # of Indiv:324 Grp Sessions:2028

Service Code : 34 Outpatient Drug Free(ODF) Individual**Desc:**D/MC

Units: 20 Per Person

Cost Per Unit: 137.75

Line# Funding SourcesAmount

40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$643.00
70	SGF Drug Medi-Cal	\$635.00
80x	State General Fund - Backfill	\$1,329.00
81c	Required County Match	\$148.00

Total:	\$2,755.00
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DMC County Admin:\$250

Provider: 363616 **Hi-Desert Mental Health Center**

309 East Mountain View, Suite 100 Barstow, 92311

Program Code : 1 Alcohol/Drug**Service Code :** 33 Outpatient Drug Free(ODF) Group**Desc:**

Units: 204 Hours

Cost Per Unit: 83.40

Line# Funding SourcesAmount

50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$15,637.00
84	Fees	\$1,377.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363616 **Hi-Desert Mental Health Center**

309 East Mountain View, Suite 100 Barstow, 92311

Program Code : 4 **Alco/Drug-other1****Service Code :** 33 **Outpatient Drug Free(ODF) Group****Desc:**CPS

Units: 200 Hours

Cost Per Unit: 83.55

Line# Funding SourcesAmount

Total: \$16,710.00

Total # of Indiv:494 Grp Sessions:322

Service Code : 34 **Outpatient Drug Free(ODF) Individual****Desc:**CPS

Units: 110 Hours

Cost Per Unit: 83.52

Line# Funding SourcesAmount

82 County Fund - Other

\$9,187.00

Total: \$9,187.00

Indv Sessions:31

Program Code : 6 **Alco/Drug-other3****Service Code :** 33 **Outpatient Drug Free(ODF) Group****Desc:**SACPA

Units: 503 Hours

Cost Per Unit: 83.72

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$42,113.00

Total: \$42,113.00

Total # of Indiv:78 Grp Sessions:322 SACPA People:28

Service Code : 34 **Outpatient Drug Free(ODF) Individual****Desc:**SACPA

Units: 394 Hours

Cost Per Unit: 83.49

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$32,896.00

Total: \$32,896.00

Indv Sessions:111 SACPA People:28

Program Code : 14 **NNA Calwks****Service Code :** 33 **Outpatient Drug Free(ODF) Group****Desc:**

Units: 73 Hours

Cost Per Unit: 82.95

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$6,055.00

Total: \$6,055.00

Total # of Indiv:179 Grp Sessions:322

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363617 Redlands-Yucaipa Guidance Clinic Association, Inc.

1323 West Colton Avenue, Suite 100, 210 & 215 Redlands, 92374

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 170 Hours

Cost Per Unit: 81.26

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$2,864.00
82	County Fund - Other	\$8,951.00
84	Fees	\$2,000.00

Total: \$13,815.00

Total # of Indiv:170 Grp Sessions:194

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 104 Hours

Cost Per Unit: 82.20

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$8,549.00

Total: \$8,549.00

Indv Sessions:42

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 110 Hours

Cost Per Unit: 82.01

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$9,021.00

Total: \$9,021.00

Total # of Indiv:111 Grp Sessions:194

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 120 Hours

Cost Per Unit: 81.42

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$9,770.00

Total: \$9,770.00

Indv Sessions:48

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 286 Hours

Cost Per Unit: 81.84

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$23,405.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363617 **Redlands-Yucaipa Guidance Clinic Association, Inc.**
 1323 West Colton Avenue, Suite 100, 210 & 215 Redlands, 92374

Program Code : 14 NNA Calwks

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 326 Hours

Cost Per Unit: 80.54

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$26,256.00
Total:		\$26,256.00

Indv Sessions:129

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 52 Per Person

Cost Per Unit: 89.38

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$801.00
70	SGF Drug Medi-Cal	\$790.00
80x	State General Fund - Backfill	\$2,751.00
81c	Required County Match	\$306.00
Total:		\$4,648.00

DMC County Admin:\$423 Total # of Indiv:52 Grp Sessions:194

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 48 Per Person

Cost Per Unit: 223.90

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$1,544.00
70	SGF Drug Medi-Cal	\$1,523.00
80x	State General Fund - Backfill	\$6,912.00
81c	Required County Match	\$768.00
Total:		\$10,747.00

DMC County Admin:\$977

Provider: 363618 **Mental Health Systems Inc.**
 1406 Bailey Avenue, Suite E Needles, 92363

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 597 Hours

Cost Per Unit: 43.02

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$25,684.00
Total:		\$25,684.00

Total # of Indiv:285 Grp Sessions:1106 SACPA People:153

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363619 **Operation Breakthrough, Inc.**
40880 Pedder Road Big Bear Lake, 92315

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 282 Hours
Cost Per Unit: 76.72

Line# Funding Sources

Amount

Total: \$21,636.00

Total # of Indiv:845 Grp Sessions:680

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 1,010 Hours
Cost Per Unit: 75.10

Line# Funding Sources

Amount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$58,352.00

82 County Fund - Other

\$17,500.00

Total: \$75,852.00

Indv Sessions:819

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 139 Hours
Cost Per Unit: 76.81

Line# Funding Sources

Amount

82 County Fund - Other

\$10,677.00

Total: \$10,677.00

Total # of Indiv:417 Grp Sessions:680

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Units: 255 Hours
Cost Per Unit: 76.79

Line# Funding Sources

Amount

82 County Fund - Other

\$19,581.00

Total: \$19,581.00

Indv Sessions:207

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 249 Hours
Cost Per Unit: 76.71

Line# Funding Sources

Amount

78 SACPA State General Fund (SGF)

\$19,101.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363619 **Operation Breakthrough, Inc.**

40880 Pedder Road Big Bear Lake, 92315

Program Code : 16 **NNA/Drug Court A/D****Service Code :** 33 **Outpatient Drug Free(ODF) Group****Desc:****Units:** 585 **Hours****Cost Per Unit:** 76.68Line# Funding SourcesAmount**Total:** \$44,860.00**Total # of Indiv:**1752 **Grp Sessions:**680**Service Code :** 34 **Outpatient Drug Free(ODF) Individual****Desc:****Units:** 592 **Hours****Cost Per Unit:** 76.70Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$45,406.00**Total:** \$45,406.00**Indv Sessions:**480**Program Code :** 20 **Adolescent/Youth Treatment****Service Code :** 33 **Outpatient Drug Free(ODF) Group****Desc:****Units:** 62 **Hours****Cost Per Unit:** 76.40Line# Funding SourcesAmount

50a-02 Adolescent/Youth Treatment Program - FFY 2002 Award (93.959)

\$4,737.00**Total:** \$4,737.00**Total # of Indiv:**185 **Grp Sessions:**680**Service Code :** 34 **Outpatient Drug Free(ODF) Individual****Desc:****Units:** 324 **Hours****Cost Per Unit:** 76.79Line# Funding SourcesAmount

50a-02 Adolescent/Youth Treatment Program - FFY 2002 Award (93.959)

\$24,879.00**Total:** \$24,879.00**Indv Sessions:**263**Program Code :** 97 **DMC Non-Peri****Service Code :** 33 **Outpatient Drug Free(ODF) Group****Desc:****Units:** 60 **Per Person****Cost Per Unit:** 28.17Line# Funding SourcesAmount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$851.00

70 SGF Drug Medi-Cal

\$839.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363623 **Morongo Basin-Mental Health Association, Inc.**

55475 Santa Fe Trail Yucca Valley, 92284

Program Code : 6 Alco/Drug-other3**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 1,204 Hours

Cost Per Unit: 92.59

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$111,483.00

Total:

\$111,483.00

Total # of Indiv:388 Grp Sessions:674 SACPA People:173

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 728 Hours

Cost Per Unit: 92.64

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$67,440.00

Total:

\$67,440.00

Indv Sessions:690 SACPA People:173

Program Code : 14 NNA Calwks**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 319 Hours

Cost Per Unit: 92.70

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$29,571.00

Total:

\$29,571.00

Total # of Indiv:800 Grp Sessions:674

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 640 Hours

Cost Per Unit: 92.55

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$59,230.00

Total:

\$59,230.00

Indv Sessions:606

Program Code : 97 DMC Non-Peri**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 548 Per Person

Cost Per Unit: 40.66

Line# Funding SourcesAmount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$8,443.00

70 SGF Drug Medi-Cal

\$8,326.00

80x State General Fund - Backfill

\$4,962.00

81c Required County Match

\$551.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363627 **Rim Family Services, Inc.**
 28545 Highway 18 Skyforest, 92385
Program Code : 4 Alco/Drug-other1
Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS
Units: 40 **Hours**
Cost Per Unit: 62.10

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$2,484.00
Total:		\$2,484.00

Total # of Indiv:90 Grp Sessions:687

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS
Units: 64 **Hours**
Cost Per Unit: 62.17

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$3,979.00
Total:		\$3,979.00

Indv Sessions:51

Program Code : 6 Alco/Drug-other3
Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA
Units: 684 **Hours**
Cost Per Unit: 62.49

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$42,744.00
Total:		\$42,744.00

Total # of Indiv:425 Grp Sessions:687 SACPA People:118

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA
Units: 588 **Hours**
Cost Per Unit: 62.49

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$36,744.00
Total:		\$36,744.00

Indv Sessions:471 SACPA People:118

Program Code : 14 NNA Calwks
Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:
Units: 93 **Hours**
Cost Per Unit: 62.60

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$5,822.00

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363627 **Rim Family Services, Inc.**
28545 Highway 18 Skyforest, 92385

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 364 Per Person
Cost Per Unit: 30.35

Line# Funding Sources

Amount

Total: \$11,049.00

DMC County Admin:\$1004 Total # of Indiv:365 Grp Sessions:687

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 48 Per Person
Cost Per Unit: 85.81

Line# Funding Sources

Amount

40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$1,544.00
70	SGF Drug Medi-Cal	\$1,523.00
80x	State General Fund - Backfill	\$947.00
81c	Required County Match	\$105.00

Total: \$4,119.00

DMC County Admin:\$374

Provider: 363628 **Mental Health Systems, Inc**
595 North Arrowhead Avenue, Suite B San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:PRIDE

Units: 1,492 Hours
Cost Per Unit: 76.32

Line# Funding Sources

Amount

50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$113,874.00
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Total: \$113,874.00

Total # of Indiv:7295 Grp Sessions:1658

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:PRIDE

Units: 804 Hours
Cost Per Unit: 76.30

Line# Funding Sources

Amount

50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$61,346.00
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Total: \$61,346.00

Indv Sessions:832

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363628 **Mental Health Systems, Inc**

595 North Arrowhead Avenue, Suite B San Bernardino, 92401

Program Code : 97 DMC Non-Peri**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 880 Per Person
Cost Per Unit: 17.17Line# Funding SourcesAmount

Total: \$15,110.00

DMC County Admin:\$1374 Total # of Indiv:880 Grp Sessions:1658

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 132 Per Person
Cost Per Unit: 81.11Line# Funding SourcesAmount

40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$4,247.00
70	SGF Drug Medi-Cal	\$4,188.00
80x	State General Fund - Backfill	\$2,044.00
81c	Required County Match	\$227.00

Total: \$10,706.00

DMC County Admin:\$973

Provider: 363629 **County of San Bernardino Department of Behavioral Health**

11951 Hesperia Road Hesperia, 92345

Program Code : 3 Perinatal**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 563 Hours
Cost Per Unit: 106.15Line# Funding SourcesAmount

41c	Perinatal State General Fund(PSGF)	\$36,925.00
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$973.00
82	County Fund - Other	\$21,866.00

Total: \$59,764.00

Total # of Indiv:1167 Grp Sessions:1100

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 504 Hours
Cost Per Unit: 106.16Line# Funding SourcesAmount

41c	Perinatal State General Fund(PSGF)	\$33,440.00
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$263.00
82	County Fund - Other	\$19,801.00

Total: \$53,504.00

Indv Sessions:407

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363629 County of San Bernardino Department of Behavioral Health

11951 Hesperia Road Hesperia, 92345

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Line# Funding SourcesAmount

Units: 301

Hours

Cost Per Unit: 106.00

Total:

\$31,905.00

Total # of Indiv:623 Grp Sessions:1100

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Line# Funding SourcesAmount

Units: 192

Hours

Cost Per Unit: 106.13

80e DSS/CalWORKS SGF

\$20,376.00

Total:

\$20,376.00

Indv Sessions:155

Program Code : 98 DMC Non-Peri other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Line# Funding SourcesAmount

Units: 2,912

Per Person

Cost Per Unit: 56.33

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$44,865.00

70 SGF Drug Medi-Cal

\$44,241.00

80x State General Fund - Backfill

\$67,440.00

81c Required County Match

\$7,493.00

Total:

\$164,039.00

DMC County Admin:\$14913 Total # of Indiv:2912 Grp Sessions:1100

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Line# Funding SourcesAmount

Units: 404

Per Person

Cost Per Unit: 144.61

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$12,999.00

70 SGF Drug Medi-Cal

\$12,818.00

80x State General Fund - Backfill

\$29,345.00

81c Required County Match

\$3,261.00

Total:

\$58,423.00

DMC County Admin:\$5311

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363630 County of San Bernardino-Department of Behavioral Health

12625 Hesperia Road Victorville, 92392

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 127 Hours

Cost Per Unit: 60.09

Line# Funding SourcesAmount

Total: \$7,631.00

Total # of Indiv:255 Grp Sessions:1821

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Units: 104 Hours

Cost Per Unit: 60.15

Line# Funding SourcesAmount

82 County Fund - Other

\$6,256.00

Total: \$6,256.00

Indv Sessions:90

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 1,103 Hours

Cost Per Unit: 60.20

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$66,400.00

Total: \$66,400.00

Total # of Indiv:368 Grp Sessions:1821 SACPA People:108

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 499 Hours

Cost Per Unit: 60.18

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$30,030.00

Total: \$30,030.00

Indv Sessions:432 SACPA People:108

Program Code : 20 Adolescent/Youth Treatment

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 109 Hours

Cost Per Unit: 60.39

Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$6,583.00

Total: \$6,583.00

Total # of Indiv:22 Grp Sessions:1821

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363634 Hi-Desert Child/Adolescent/Family Services

16248 Victor Street Victorville, 92382

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 145 Hours

Cost Per Unit: 65.12

Line# Funding SourcesAmount

Total: \$9,442.00

Total # of Indiv:304 Grp Sessions:610

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 331 Hours

Cost Per Unit: 64.85

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$3,965.00

82 County Fund - Other

\$17,500.00

Total: \$21,465.00

Indv Sessions:318

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 183 Hours

Cost Per Unit: 64.83

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$11,864.00

Total: \$11,864.00

Total # of Indiv:382 Grp Sessions:610

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 436 Hours

Cost Per Unit: 64.87

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$28,282.00

Total: \$28,282.00

Indv Sessions:419

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 296 Hours

Cost Per Unit: 64.95

Line# Funding SourcesAmount

82 County Fund - Other

\$19,225.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363634 Hi-Desert Child/Adolescent/Family Services

16248 Victor Street Victorville, 92392

Program Code : 14 NNA Calwks

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 33 Hours

Cost Per Unit: 65.45

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$2,160.00

Total: \$2,160.00

Indv Sessions:32

Program Code : 20 Adolescent/Youth Treatment

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 50 Hours

Cost Per Unit: 65.22

Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$3,261.00

Total: \$3,261.00

Total # of Indiv:105 Grp Sessions:610

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 125 Hours

Cost Per Unit: 64.80

Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$8,100.00

Total: \$8,100.00

Indv Sessions:120

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 344 Per Person

Cost Per Unit: 34.16

Line# Funding SourcesAmount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$5,300.00

70 SGF Drug Medi-Cal

\$5,226.00

80x State General Fund - Backfill

\$1,103.00

81c Required County Match

\$123.00

Total: \$11,752.00

DMC County Admin:\$1068 Total # of Indiv:344 Grp Sessions:610

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363639 **Mental Health Systems, Inc.**

595 North Arrow Head Avenue, Suite A San Bernardino, 92401

Program Code : 97 DMC Non-Peri**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 1,804 Per Person
Cost Per Unit: 13.03

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$11,838.00
70	SGF Drug Medi-Cal	\$11,673.00
Total:		\$23,511.00

DMC County Admin:\$2137 Total # of Indiv:1804 Grp Sessions:3604

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 172 Per Person
Cost Per Unit: 53.22

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$4,609.00
70	SGF Drug Medi-Cal	\$4,544.00
Total:		\$9,153.00

DMC County Admin:\$832

Provider: 363640 **Social Science Services**

18612 Santa Ana Avenue Bloomington, 92316

Program Code : 1 Alcohol/Drug**Service Code :** 32 Aftercare

Desc:Aftercare

Units: 350 Hours
Cost Per Unit: 50.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$17,500.00
Total:		\$17,500.00

Provider: 363644 **Agape House, Inc.**

1535 East Highland Avenue, Suite A San Bernardino, 92404

Program Code : 1 Alcohol/Drug**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 798 Hours
Cost Per Unit: 73.56

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$34,531.00
82	County Fund - Other	\$17,500.00
84	Fees	\$6,673.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363644 Agape House, Inc.

1535 East Highland Avenue, Suite A San Bernardino, 92404

Program Code : 4 Alco/Drug-other1

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Units: 172 Hours

Cost Per Unit: 73.65

Line# Funding SourcesAmount

82 County Fund - Other

\$12,668.00

Total: \$12,668.00

Indv Sessions:132

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 731 Hours

Cost Per Unit: 73.55

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$53,764.00

Total: \$53,764.00

Total # of Indiv:364 Grp Sessions:858 SACPA People:136

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 707 Hours

Cost Per Unit: 73.57

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$52,014.00

Total: \$52,014.00

Indv Sessions:542 SACPA People:136

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 50 Hours

Cost Per Unit: 73.46

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$3,673.00

Total: \$3,673.00

Total # of Indiv:113 Grp Sessions:858

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 51 Hours

Cost Per Unit: 73.39

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$3,743.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363644 Agape House, Inc.

1535 East Highland Avenue, Suite A San Bernardino, 92404

Program Code : 97 DMC Non-Peri

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 144 Per Person
Cost Per Unit: 105.57

Line#	Funding Sources	Amount
70	SGF Drug Medi-Cal	\$4,569.00
80x	State General Fund - Backfill	\$5,400.00
81c	Required County Match	\$600.00
Total:		\$15,202.00

DMC County Admin:\$1382

Provider: 363645 Social Science Services

18612 Santa Ana Avenue Bloomington, 92316

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 7 Hours
Cost Per Unit: 88.14

Line#	Funding Sources	Amount
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$617.00
Total:		\$617.00

Total # of Indiv:18 Grp Sessions:352

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 21 Hours
Cost Per Unit: 86.33

Line#	Funding Sources	Amount
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$1,813.00
Total:		\$1,813.00

Indv Sessions:6

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 43 Hours
Cost Per Unit: 83.74

Line#	Funding Sources	Amount
82	County Fund - Other	\$3,601.00
Total:		\$3,601.00

Total # of Indiv:105 Grp Sessions:352

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363645 Social Science Services

18512 Santa Ana Avenue Bloomington, 92316

Program Code : 20 Adolescent/Youth Treatment

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Line# Funding SourcesAmount

Units: 74 Hours

Cost Per Unit: 85.77

Total: \$6,347.00

Indv Sessions:21

Provider: 363646 Casa De San Bernardino

735 North D Street, Suite 7-8 San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Line# Funding SourcesAmount

Units: 664 Hours

Cost Per Unit: 65.36

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$18,330.00

82 County Fund - Other

\$17,500.00

84 Fees

\$7,570.00

Total: \$43,400.00

Total # of Indiv:1197 Grp Sessions:687

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Line# Funding SourcesAmount

Units: 1,032 Hours

Cost Per Unit: 65.42

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$67,517.00

Total: \$67,517.00

Indv Sessions:510

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Line# Funding SourcesAmount

Units: 50 Hours

Cost Per Unit: 65.26

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$3,263.00

Total: \$3,263.00

Total # of Indiv:90 Grp Sessions:687

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Line# Funding SourcesAmount

Units: 36 Hours

Cost Per Unit: 66.19

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$2,383.00

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2002-03 NNA /Drug Medi-Cal Budget V.1
(Sorted by Modality, Provider, Program, Service)

San Bernardino County

Provider: 363646 **Casa De San Bernardino**
735 North D Street, Suite 7-8 San Bernardino, 92401

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 11 Hours
Cost Per Unit: 62.64

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$689.00

Total: \$689.00

Total # of Indiv:19 Grp Sessions:687

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 53 Hours
Cost Per Unit: 64.94

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$3,442.00

Total: \$3,442.00

Indv Sessions:26

Program Code : 20 Adolescent/Youth Treatment

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 304 Hours
Cost Per Unit: 65.36

Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$19,869.00

Total: \$19,869.00

Total # of Indiv:548 Grp Sessions:687

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 609 Hours
Cost Per Unit: 65.43

Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$39,848.00

Total: \$39,848.00

Indv Sessions:301

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 504 Per Person
Cost Per Unit: 39.88

Line# Funding SourcesAmount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$7,765.00

70 SGF Drug Medi-Cal

\$7,657.00

80x State General Fund - Backfill

\$4,211.00

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

000000 167618 Merrill Community Services
 16806 Ceres Avenue Fontana, 92335

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 176 Hours

Cost Per Unit: 64.41

Line#	Funding Sources	Amount
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$11,336.00
Total:		\$11,336.00

Total # of Indiv:492 Grp Sessions:1180

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 130 Hours

Cost Per Unit: 64.24

Line#	Funding Sources	Amount
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$8,351.00
Total:		\$8,351.00

Indv Sessions:129

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 67 Hours

Cost Per Unit: 63.97

Line#	Funding Sources	Amount
82	County Fund - Other	\$4,286.00
Total:		\$4,286.00

Total # of Indiv:186 Grp Sessions:1180

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Units: 48 Hours

Cost Per Unit: 64.73

Line#	Funding Sources	Amount
82	County Fund - Other	\$3,107.00
Total:		\$3,107.00

Indv Sessions:48

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 1,487 Hours

Cost Per Unit: 64.24

Line#	Funding Sources	Amount
78	SACPA State General Fund (SGF)	\$95,529.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363648 **Merrill Community Services**

16806 Ceres Avenue Fontana, 92335

Program Code : 97 DMC Non-Peri**Service Code :** 33 Outpatient Drug Free(ODF) Group**Desc:**

Units: 148 Per Person

Cost Per Unit: 25.34

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$1,889.00
70	SGF Drug Medi-Cal	\$1,862.00
Total:		\$3,751.00

DMC County Admin:\$341 Total # of Indiv:1480 Grp Sessions:1180

Service Code : 34 Outpatient Drug Free(ODF) Individual**Desc:**

Units: 4 Per Person

Cost Per Unit: 71.25

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$128.00
70	SGF Drug Medi-Cal	\$127.00
80x	State General Fund - Backfill	\$26.00
81c	Required County Match	\$4.00
Total:		\$285.00

DMC County Admin:\$26

Provider: 363653 **Mental Health Systems, Inc.**

802 West Colton Avenue Suite D & E Redlands, 92374

Program Code : 6 Alco/Drug-other3**Service Code :** 33 Outpatient Drug Free(ODF) Group**Desc:**SACPA

Units: 1,340 Hours

Cost Per Unit: 46.63

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$62,482.00
Total:		\$62,482.00

Total # of Indiv:258 Grp Sessions:1109 SACPA People:161

Service Code : 34 Outpatient Drug Free(ODF) Individual**Desc:**SACPA

Units: 690 Hours

Cost Per Unit: 46.60

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$32,153.00
Total:		\$32,153.00

Indv Sessions:643 SACPA People:161

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363654 **Mental Health Systems, Inc.**
 1874 Business Center Drive San Bernardino, 92408

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 515 Hours
 Cost Per Unit: 97.52

Line#	Funding Sources	Amount
80	Non-County Revenue	\$32,725.00
82	County Fund - Other	\$17,500.00
Total:		\$50,225.00

Total # of Indiv:1639 Grp Sessions:528

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 110 Hours
 Cost Per Unit: 97.87

Line#	Funding Sources	Amount
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$10,766.00
Total:		\$10,766.00

Indv Sessions:99

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 217 Hours
 Cost Per Unit: 97.72

Line#	Funding Sources	Amount
78	SACPA State General Fund (SGF)	\$21,206.00
Total:		\$21,206.00

Total # of Indiv:59 Grp Sessions:528 SACPA People:26

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 115 Hours
 Cost Per Unit: 97.40

Line#	Funding Sources	Amount
78	SACPA State General Fund (SGF)	\$11,201.00
Total:		\$11,201.00

Indv Sessions:103 SACPA People:26

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 1,032 Per Person
 Cost Per Unit: 33.71

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$15,900.00
70	SGF Drug Medi-Cal	\$15,679.00
80x	State General Fund - Backfill	\$2,887.00
81c	Required County Match	\$321.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363658 **Sacramento Health System Norton**
 1455 East Third Street San Bernardino, 92408

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 1,204 Hours

Cost Per Unit: 67.22

Line#	Funding Sources	Amount
78	SACPA State General Fund (SGF)	\$80,938.00

Total: \$80,938.00

Total # of Indiv:73 Grp Sessions:1059 SACPA People:44

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 280 Hours

Cost Per Unit: 67.15

Line#	Funding Sources	Amount
78	SACPA State General Fund (SGF)	\$18,802.00

Total: \$18,802.00

Indv Sessions:175 SACPA People:44

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 104 Hours

Cost Per Unit: 67.42

Line#	Funding Sources	Amount
80e	DSS/CalWORKS SGF	\$7,012.00

Total: \$7,012.00

Total # of Indiv:188 Grp Sessions:1059

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 22 Hours

Cost Per Unit: 68.36

Line#	Funding Sources	Amount
80e	DSS/CalWORKS SGF	\$1,504.00

Total: \$1,504.00

Indv Sessions:14

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 2,836 Per Person

Cost Per Unit: 41.03

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$43,695.00
70	SGF Drug Medi-Cal	\$43,087.00
80x	State General Fund - Backfill	\$26,617.00
81c	Required County Match	\$2,958.00

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363659 **People's Choice Inc**
 1505 West Highland Suite 5, 6, 9, 11 San Bernardino, 92411

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 374 **Hours**

Cost Per Unit: 72.51

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$27,118.00
Total:		\$27,118.00

Total # of Indiv:191 **Grp Sessions:**476 **SACPA People:**29

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 208 **Hours**

Cost Per Unit: 72.63

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$15,107.00
Total:		\$15,107.00

Indv Sessions:116 **SACPA People:**29

Program Code : 20 Adolescent/Youth Treatment

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 312 **Hours**

Cost Per Unit: 72.60

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50a-02	Adolescent/Youth Treatment Program - FFY 2002 Award (93.959)	\$6,896.00
50a-03	Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)	\$15,756.00
Total:		\$22,652.00

Total # of Indiv:639 **Grp Sessions:**476

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 360 **Hours**

Cost Per Unit: 72.71

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50a-02	Adolescent/Youth Treatment Program - FFY 2002 Award (93.959)	\$26,176.00
Total:		\$26,176.00

Indv Sessions:201

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 824 **Per Person**

Cost Per Unit: 38.99

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$12,695.00
70	SGF Drug Medi-Cal	\$12,519.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363661 **Redlands Yucaipa Guidance Clinic Association, Inc.**
 34324 Yucaipa Boulevard, Suite B,C & D Yucaipa, 92399

Program Code : 1 Alcohol/Drug

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 32 Hours

Cost Per Unit: 88.69

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$1,838.00
84	Fees	\$1,000.00
Total:		\$2,838.00

Total # of Indiv:44 Grp Sessions:123

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 11 Hours

Cost Per Unit: 84.36

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$928.00
Total:		\$928.00

Indv Sessions:5

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 32 Hours

Cost Per Unit: 84.66

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$2,709.00
Total:		\$2,709.00

Total # of Indiv:42 Grp Sessions:123

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 13 Hours

Cost Per Unit: 85.62

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$1,113.00
Total:		\$1,113.00

Indv Sessions:6

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 33 Hours

Cost Per Unit: 87.94

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$2,902.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363661 **Redlands Yucaipa Guidance Clinic Association, Inc.**
 34324 Yucaipa Boulevard, Suite B,C & D Yucaipa, 92399

Program Code : 14 **NNA Calwks**

Service Code : 34 **Outpatient Drug Free(ODF) Individual**

Desc:

Units: 227 Hours

Cost Per Unit: 85.81

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$19,479.00
Total:		\$19,479.00

Indv Sessions:105

Program Code : 97 **DMC Non-Peri**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:

Units: 52 Per Person

Cost Per Unit: 70.94

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$801.00
70	SGF Drug Medi-Cal	\$790.00
80x	State General Fund - Backfill	\$1,888.00
81c	Required County Match	\$210.00
Total:		\$3,689.00

DMC County Admin:\$335 Total # of Indiv:52 Grp Sessions:123

Service Code : 34 **Outpatient Drug Free(ODF) Individual**

Desc:

Units: 16 Per Person

Cost Per Unit: 204.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$515.00
70	SGF Drug Medi-Cal	\$507.00
80x	State General Fund - Backfill	\$2,018.00
81c	Required County Match	\$224.00
Total:		\$3,264.00

DMC County Admin:\$297

Provider: 363662 **Bilingual Family Counseling Services**
 313 West F Street Ontario, 91762

Program Code : 1 **Alcohol/Drug**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:

Units: 127 Hours

Cost Per Unit: 77.36

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$5,625.00
84	Fees	\$4,200.00

2002-03 NNA /Drug Medi-Cal Budget V.1
(Sorted by Modality, Provider, Program, Service)

San Bernardino County

Provider: 363662 Bilingual Family Counseling Services

313 West F Street Ontario, 91762

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 3 Hours

Cost Per Unit: 83.00

Line# Funding SourcesAmount

Total: \$249.00

Total # of Indiv:6 Grp Sessions:622

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Units: 66 Hours

Cost Per Unit: 76.70

Line# Funding SourcesAmount

82 County Fund - Other

\$5,062.00

Total: \$5,062.00

Indv Sessions:48

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 1,183 Hours

Cost Per Unit: 77.17

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$91,288.00

Total: \$91,288.00

Total # of Indiv:422 Grp Sessions:622 SACPA People:216

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 1,169 Hours

Cost Per Unit: 77.13

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$90,166.00

Total: \$90,166.00

Indv Sessions:855 SACPA People:216

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 10 Hours

Cost Per Unit: 74.60

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$746.00

Total: \$746.00

Total # of Indiv:18 Grp Sessions:622

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1
(Sorted by Modality, Provider, Program, Service)

San Bernardino County

Provider: 363666 Inland Behavioral Services

1963 North E Street San Bernardino, 92405

Program Code : 1 Alcohol/Drug

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 1,821 Hours

Cost Per Unit: 44.96

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$81,874.00

Total:

\$81,874.00

Indv Sessions:1545

Program Code : 2 Parolee

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 72 Hours

Cost Per Unit: 44.71

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$3,219.00

Total:

\$3,219.00

Total # of Indiv:150 Grp Sessions:2514

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 141 Hours

Cost Per Unit: 45.10

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$6,359.00

Total:

\$6,359.00

Indv Sessions:120

Program Code : 3 Perinatal

Service Code : 30 Rehabilitative/Ambulatory Intensive Outpatient (Daycare Habilitative)

Desc:

Units: 3,269 Visit Days

Cost Per Unit: 108.21

Line# Funding SourcesAmount

52-02 SAPT Perinatal Set-Aside - FFY 2002 Award (93.959)

\$92,864.00

52-03 SAPT Perinatal Set-Aside - FFY 2003 Award (93.959)

\$259,370.00

84 Fees

\$1,500.00

Total:

\$353,734.00

Program Code : 4 Alco/Drug-other1

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:CPS

Units: 365 Hours

Cost Per Unit: 44.98

Line# Funding SourcesAmount

82 County Fund - Other

\$16,419.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363666 Inland Behavioral Services

1963 North E Street San Bernardino, 92405

Program Code : 14 NNA Calwks

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 1,216 Hours

Cost Per Unit: 44.97

Line#	Funding Sources	Amount
80e	DSS/CalWORKS SGF	\$54,689.00
Total:		\$54,689.00

Indv Sessions:1032

Program Code : 95 DMC Peri.

Service Code : 30 Rehabilitative/Ambulatory Intensive Outpatient (Daycare Habilitative) Desc:

Units: 856

Visit Days

Cost Per Unit: 106.22

Line#	Funding Sources	Amount
40a	Perinatal Medi-Cal (Fed Share Only) Fed Cat #93.778	\$32,751.00
40b	Perinatal SGF Drug Medi-Cal	\$32,295.00
41x	Perinatal State General Fund - Backfill	\$23,290.00
81c	Required County Match	\$2,588.00
Total:		\$90,924.00

DMC County Admin:\$6505

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 200

Per Person

Cost Per Unit: 23.61

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$2,378.00
70	SGF Drug Medi-Cal	\$2,344.00
Total:		\$4,722.00

DMC County Admin:\$429 Total # of Indiv:200 Grp Sessions:2514

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 12

Per Person

Cost Per Unit: 58.33

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$352.00
70	SGF Drug Medi-Cal	\$348.00
Total:		\$700.00

DMC County Admin:\$64

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363669 **Mental Health Systems, Inc.**
802 West Colton Avenue, Suite C Redlands, 92374

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 28 Hours

Cost Per Unit: 40.14

Line# Funding Sources

Amount

Total: \$1,124.00

Total # of Indiv:120 Grp Sessions:1866

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 43 Hours

Cost Per Unit: 40.51

Line# Funding Sources

Amount

80e DSS/CalWORKS SGF

\$1,742.00

Total: \$1,742.00

Indv Sessions:44

Program Code : 16 NNA/Drug Court A/D

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:DRUG COURT

Units: 2,066 Hours

Cost Per Unit: 40.07

Line# Funding Sources

Amount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$82,791.00

Total: \$82,791.00

Total # of Indiv:8839 Grp Sessions:1866

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:DRUG COURT

Units: 2,335 Hours

Cost Per Unit: 40.07

Line# Funding Sources

Amount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$93,573.00

Total: \$93,573.00

Indv Sessions:2364

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 1,552 Per Person

Cost Per Unit: 10.30

Line# Funding Sources

Amount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$8,051.00

70 SGF Drug Medi-Cal

\$7,940.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363678 **Mental Health Systems Inc.**

1076 Santo Antonio Avenue, Suite B Colton, 92324

Program Code : 2 Parolee**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 14 Hours
Cost Per Unit: 19.00Line# Funding SourcesAmount

Total: \$266.00

Total # of Indiv:48 Grp Sessions:611

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 11 Hours
Cost Per Unit: 19.27Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$212.00

Total: \$212.00

Indv Sessions:12

Program Code : 4 Alco/Drug-other1**Service Code :** 34 Outpatient Drug Free(ODF) Individual

Desc:CPS

Units: 3 Hours
Cost Per Unit: 17.67Line# Funding SourcesAmount

82 County Fund - Other

\$53.00

Total: \$53.00

Indv Sessions:3

Program Code : 6 Alco/Drug-other3**Service Code :** 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 760 Hours
Cost Per Unit: 19.20Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$14,595.00

Total: \$14,595.00

Total # of Indiv:348 Grp Sessions:611 SACPA People:261

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 959 Hours
Cost Per Unit: 19.21Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$18,420.00

Total: \$18,420.00

Indv Sessions:1045 SACPA People:261

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363695 **Mental Health systems, Inc**
 15770 Mojave Drive Suite L Victorville, 92392

Program Code : 6 Alco/Drug-other3

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:SACPA

Units: 899 **Hours**

Cost Per Unit: 43.76

Line# Funding Sources

Amount

78 SACPA State General Fund (SGF)

\$39,343.00

Total: \$39,343.00

Total # of Indiv:547 **Grp Sessions:**1863 **SACPA People:**177

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:SACPA

Units: 708 **Hours**

Cost Per Unit: 43.78

Line# Funding Sources

Amount

78 SACPA State General Fund (SGF)

\$30,994.00

Total: \$30,994.00

Indv Sessions:708 **SACPA People:**177

Program Code : 14 NNA Calwks

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 215 **Hours**

Cost Per Unit: 43.76

Line# Funding Sources

Amount

80e DSS/CalWORKS SGF

\$9,409.00

Total: \$9,409.00

Total # of Indiv:876 **Grp Sessions:**1863

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 219 **Hours**

Cost Per Unit: 43.78

Line# Funding Sources

Amount

80e DSS/CalWORKS SGF

\$9,587.00

Total: \$9,587.00

Indv Sessions:219

Program Code : 16 NNA/Drug Court A/D

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 1,680 **Hours**

Cost Per Unit: 43.79

Line# Funding Sources

Amount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$73,562.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363699 **San Bernardino County Office of Alcohol & Drug Programs**
 6180 Riverside Drive Suite H Chino, 91710

Program Code : ? **Parolee**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:

Units: 15 Hours

Cost Per Unit: 99.40

Line# Funding Sources

Amount

Total: \$1,491.00

Total # of Indiv:36 Grp Sessions:875

Service Code : 34 **Outpatient Drug Free(ODF) Individual**

Desc:

Units: 12 Hours

Cost Per Unit: 100.17

Line# Funding Sources

Amount

46 Parolee Services Network Funds (BASN, PPNP, PPP) \$1,202.00

Total: \$1,202.00

Indv Sessions:9

Program Code : 3 **Perinatal**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:

Units: 151 Hours

Cost Per Unit: 111.99

Line# Funding Sources

Amount

82 County Fund - Other \$16,910.00

Total: \$16,910.00

Total # of Indiv:332 Grp Sessions:950

Service Code : 34 **Outpatient Drug Free(ODF) Individual**

Desc:

Units: 92 Hours

Cost Per Unit: 112.05

Line# Funding Sources

Amount

82 County Fund - Other \$10,309.00

Total: \$10,309.00

Indv Sessions:66

Program Code : 4 **Alco/Drug-other1**

Service Code : 33 **Outpatient Drug Free(ODF) Group**

Desc:CPS

Units: 128 Hours

Cost Per Unit: 112.22

Line# Funding Sources

Amount

82 County Fund - Other \$14,364.00

Total: \$14,364.00

Total # of Indiv:282 Grp Sessions:950

NONRESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363699 **San Bernardino County Office of Alcohol & Drug Programs**
 6180 Riverside Drive Suite H Chino, 91710

Program Code : 14 NNA Calwks

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 261 Hours
Cost Per Unit: 112.50Line# Funding SourcesAmount

Total: \$29,363.00

Indv Sessions:188

Program Code : 20 Adolescent/Youth Treatment

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 55 Hours
Cost Per Unit: 98.65Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$5,426.00

Total: \$5,426.00

Total # of Indiv:131 Grp Sessions:875

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 210 Hours
Cost Per Unit: 99.17Line# Funding SourcesAmount

50a-03 Adolescent/Youth Treatment Program - FFY 2003 Award (93.959)

\$20,826.00

Total: \$20,826.00

Indv Sessions:156

Program Code : 97 DMC Non-Peri

Service Code : 33 Outpatient Drug Free(ODF) Group

Desc:

Units: 516 Per Person
Cost Per Unit: 45.56Line# Funding SourcesAmount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$7,950.00

70 SGF Drug Medi-Cal

\$7,839.00

80x State General Fund - Backfill

\$6,946.00

81c Required County Match

\$772.00

Total: \$23,507.00

DMC County Admin:\$2137 Total # of Indiv:516 Grp Sessions:875

Service Code : 34 Outpatient Drug Free(ODF) Individual

Desc:

Units: 116 Per Person
Cost Per Unit: 146.85Line# Funding SourcesAmount

40 Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778

\$3,732.00

NARCOTICS TREATMENT

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363602 **WCHS, Inc.**
2275 East Cooley Drive Colton, 92324

Program Code : 97 DMC Non-Peri

Service Code : 48 NRT - All Services

Desc:

Units: 575 Licensd Capacity

Cost Per Unit: 2,128.14

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$616,122.00
70	SGF Drug Medi-Cal	\$607,557.00

Total: \$1,223,679.00

DMC County Admin:\$112062 Indv Sessions:23160 Meth Doses:98796 Meth mg:10783685

Provider: 363613 **Inland Health Service-Montclair**
4761 Arrow Highway Montclair, 91763

Program Code : 97 DMC Non-Peri

Service Code : 48 NRT - All Services

Desc:

Units: 375 Licensd Capacity

Cost Per Unit: 1,917.33

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$362,016.00
70	SGF Drug Medi-Cal	\$356,983.00

Total: \$718,999.00

DMC County Admin:\$65838 Indv Sessions:25956 Meth Doses:41244 Meth mg:5040409

Provider: 363650 **Aegis Medical Systems, Inc. - Ontario**
324 North Laurel Street Ontario, 91762

Program Code : 1 Alcohol/Drug

Service Code : 48 NRT - All Services

Desc:

Units: 3,605 Slot Days

Cost Per Unit: 10.90

Line#	Funding Sources	Amount
78	SACPA State General Fund (SGF)	\$39,292.00

Total: \$39,292.00

Indv Sessions:1605 Meth Doses:2000 Meth mg:490000 SACPA Indv. Session:1605 SACPA Meth Doses:2000
SACPA Meth MG:490000

Program Code : 97 DMC Non-Peri

Service Code : 48 NRT - All Services

Desc:

Units: 290 Licensd Capacity

Cost Per Unit: 1,468.92

Line#	Funding Sources	Amount
40	Drug Medi-Cal (Fed Share Only) Fed. Cat #93.778	\$214,485.00
70	SGF Drug Medi-Cal	\$211,503.00

RESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1
(Sorted by Modality, Provider, Program, Service)

San Bernardino County

Provider: 360010 **New House Inc.**
840 North Arrowhead Avenue San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 50 Free-Standing Residential Detoxification

Desc:

Units: 1,460 Bed Days
Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$109,500.00
Total:		\$109,500.00

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:Men's House

Units: 4,700 Bed Days
Cost Per Unit: 51.22

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$240,714.00
Total:		\$240,714.00

Program Code : 2 Parolee

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:PSN

Units: 257 Bed Days
Cost Per Unit: 52.04

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$13,373.00
Total:		\$13,373.00

Program Code : 4 Alco/Drug-other1

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:CPS

Units: 257 Bed Days
Cost Per Unit: 52.04

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$13,373.00
Total:		\$13,373.00

Provider: 360011 **New House-Women With Children**
856 North Arrowhead Avenue San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:

Units: 4,411 Bed Days
Cost Per Unit: 62.65

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$276,338.00

RESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1
(Sorted by Modality, Provider, Program, Service)

San Bernardino County

Provider: 360020 **Inland Valley Drug and Alcohol Recovery Services**
1003 North Orange Street Ontario, 91764

Program Code : 1 Alcohol/Drug

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:orange house

Units: 571 Bed Days

Cost Per Unit: 60.16

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
Total:		\$34,349.00

Program Code : 2 Parolee

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:PSN

Units: 58 Bed Days

Cost Per Unit: 60.43

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$3,505.00
		<hr/>
Total:		\$3,505.00

Program Code : 4 Alco/Drug-other1

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:CPS

Units: 58 Bed Days

Cost Per Unit: 60.43

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
82	County Fund - Other	\$3,505.00
		<hr/>
Total:		\$3,505.00

Program Code : 6 Alco/Drug-other3

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:SACPA

Units: 479 Bed Days

Cost Per Unit: 60.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$28,741.00
		<hr/>
Total:		\$28,741.00

SACPA Bed Days:479

Provider: 360021 **Inland Valley Drug and Alcohol Recovery Services**
1260 East Arrow Highway, Building C Upland, 91786

Program Code : 1 Alcohol/Drug

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:arrow house

Units: 2,144 Bed Days

Cost Per Unit: 65.62

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$140,697.00

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2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 360022 **Inland Valley Drug and Alcohol Recovery Program**
 1636 North Marin Avenue Ontario, 91764

Program Code : 1 Alcohol/Drug

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:marin house

Units: 715 Bed Days

Cost Per Unit: 60.03

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
Total:		\$42,924.00

Program Code : 2 Parolee

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:PSN

Units: 73 Bed Days

Cost Per Unit: 60.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$4,380.00
		<hr/>
Total:		\$4,380.00

Program Code : 4 Alco/Drug-other1

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:CPS

Units: 73 Bed Days

Cost Per Unit: 60.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
82	County Fund - Other	\$4,380.00
		<hr/>
Total:		\$4,380.00

Program Code : 6 Alco/Drug-other3

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:SACPA

Units: 598 Bed Days

Cost Per Unit: 60.06

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$35,916.00
		<hr/>
Total:		\$35,916.00

SACPA Bed Days:598

Provider: 360024 **Inland Valley Drug & Alcohol Recovery Service**
 1646 East Carolyne Ontario, 91764

Program Code : 1 Alcohol/Drug

Service Code : 50 Free-Standing Residential Detoxification

Desc:caroline

Units: 1,255 Bed Days

Cost Per Unit: 75.03

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		<hr/>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$94,161.00

RESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 360024 **Inland Valley Drug & Alcohol Recovery Service**

1646 East Carolyn Ontario, 91764

Program Code : 14 NNA Calwks**Service Code :** 50 Free-Standing Residential Detoxification

Desc:

Units: 935 Bed Days

Cost Per Unit: 74.96

Line# Funding SourcesAmount

80e DSS/CalWORKS SGF

\$70,089.00

Total: \$70,089.00

Provider: 360040 **Saint John of God Health Care**

1335 Palmdale Victorville, 92392

Program Code : 1 Alcohol/Drug**Service Code :** 50 Free-Standing Residential Detoxification

Desc:

Units: 1,460 Bed Days

Cost Per Unit: 68.56

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$100,098.00

Total: \$100,098.00

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:Residential

Units: 5,644 Bed Days

Cost Per Unit: 55.71

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$314,435.00

Total: \$314,435.00

Program Code : 2 Parolee**Service Code :** 51 Residential/Recovery Long Term (over 30 days)

Desc:PSN

Units: 708 Bed Days

Cost Per Unit: 55.76

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$39,478.00

Total: \$39,478.00

Program Code : 4 Alco/Drug-other1**Service Code :** 51 Residential/Recovery Long Term (over 30 days)

Desc:CPS

Units: 708 Bed Days

Cost Per Unit: 55.76

Line# Funding SourcesAmount

82 County Fund - Other

\$39,478.00

RESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 360050 Veterans Alcohol Rehabilitation Program (VARP)

1100 North D Street San Bernardino, 92410

Program Code : 2 Parolee

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:PSN

Units: 401 Bed Days

Cost Per Unit: 38.78

Line# Funding SourcesAmount

Total: \$15,550.00

Program Code : 4 Alco/Drug-other1

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:CPS

Units: 401 Bed Days

Cost Per Unit: 38.78

Line# Funding SourcesAmount

82 County Fund - Other

\$15,550.00

Total: \$15,550.00

Program Code : 6 Alco/Drug-other3

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:SACPA

Units: 3,292 Bed Days

Cost Per Unit: 38.73

Line# Funding SourcesAmount

78 SACPA State General Fund (SGF)

\$127,511.00

Total: \$127,511.00

SACPA Bed Days:3292

Provider: 360051 Veterans Alcohol Rehabilitation Program (VARP)

1135 North D Street San Bernardino, 92410

Program Code : 1 Alcohol/Drug

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:Women's House

Units: 3,057 Bed Days

Cost Per Unit: 41.55

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$127,004.00

Total: \$127,004.00

Program Code : 2 Parolee

Service Code : 51 Residential/Recovery Long Term (over 30 days)

Desc:PSN

Units: 362 Bed Days

Cost Per Unit: 41.56

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$15,045.00

RESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363611 **Casa De Ayuda**

7274 Garden Drive San Bernardino, 92404

Program Code : 1 Alcohol/Drug**Service Code :** 51 Residential/Recovery Long Term (over 30 days)**Desc:**

Units: 1,300 Bed Days

Cost Per Unit: 52.72

Line# Funding SourcesAmount

Total: \$68,533.00

Provider: 363623 **Monrogo Basin-Mental Health Association, Inc.**

55175 Santa Fe Trail Yucca Valley, 92284

Program Code : 1 Alcohol/Drug**Service Code :** 51 Residential/Recovery Long Term (over 30 days)**Desc:**

Units: 4,296 Bed Days

Cost Per Unit: 73.36

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$315,148.00

Total: \$315,148.00

Program Code : 2 Parolee**Service Code :** 51 Residential/Recovery Long Term (over 30 days)**Desc:**

Units: 546 Bed Days

Cost Per Unit: 57.71

Line# Funding SourcesAmount

46 Parolee Services Network Funds (BASN, PPNP, PPP)

\$31,508.00

Total: \$31,508.00

Program Code : 4 Alco/Drug-other1**Service Code :** 51 Residential/Recovery Long Term (over 30 days)**Desc:**CPS

Units: 546 Bed Days

Cost Per Unit: 57.71

Line# Funding SourcesAmount

82 County Fund - Other

\$31,510.00

Total: \$31,510.00

Program Code : 6 Alco/Drug-other3**Service Code :** 51 Residential/Recovery Long Term (over 30 days)**Desc:**SACPA

Units: 4,488 Bed Days

Cost Per Unit: 42.46

Line# Funding SourcesAmount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$190,544.00

RESIDENTIAL

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363640 **Social Science Services**

18312 Santa Ana Avenue, Bloomington, 92316

Program Code : 1 **Alcohol/Drug****Service Code :** 51 **Residential/Recovery Long Term (over 30 days)****Desc:****Units:** 2,072 **Bed Days****Cost Per Unit:** 65.53

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$135,776.00
Total:		\$135,776.00

Program Code : 2 **Parolee****Service Code :** 51 **Residential/Recovery Long Term (over 30 days)****Desc:**PSN and CIW**Units:** 2,708 **Bed Days****Cost Per Unit:** 60.81

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
45-02	Female Offender Treatment Services - FFY 2002 Award (93.959)	\$66,758.00
45-03	Female Offender Treatment Services - FFY 2003 Award (93.959)	\$62,170.00
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$35,747.00
Total:		\$164,675.00

Program Code : 4 **Alco/Drug-other1****Service Code :** 51 **Residential/Recovery Long Term (over 30 days)****Desc:**CPS**Units:** 544 **Bed Days****Cost Per Unit:** 65.71

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$35,747.00
Total:		\$35,747.00

Program Code : 6 **Alco/Drug-other3****Service Code :** 51 **Residential/Recovery Long Term (over 30 days)****Desc:**SACPA**Units:** 4,476 **Bed Days****Cost Per Unit:** 65.49

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
78	SACPA State General Fund (SGF)	\$293,122.00
Total:		\$293,122.00

SACPA Bed Days:4476

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363600 **San Bernardino County Department of Behavioral Health**
 850 East Foothill Boulevard, Suite A Rialto, 92376

Program Code : 1 Alcohol/Drug

Service Code : 65 HIV Early Intervention Services

Desc:

Units: 1,500 Hours
 Cost Per Unit: 281.76

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
51-02	HIV Set-Aside - FFY 2002 Award (93.959)	\$422,645.00
Total:		\$422,645.00

Service Code : 68 Case Management

Desc:

Units: 1,800 Hours
 Cost Per Unit: 75.35

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-03	SAPT Discretionary - FFY 2003 Award (93.959)	\$135,635.00
Total:		\$135,635.00

Program Code : 2 Parolee

Service Code : 68 Case Management

Desc:

Units: 20 Hours
 Cost Per Unit: 73.85

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$1,477.00
Total:		\$1,477.00

Program Code : 6 Alco/Drug-other3

Service Code : 85 SACPA Drug Testing

Desc: SACPA Dg testing

Units: 58,285 SACPA DrugTe
 Cost Per Unit: 7.01

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
59a-02	SACPA SAPT - Drug Testing SACPA Only -FFY 2002 Award	\$408,844.00
Total:		\$408,844.00

SACPA Drug Tests:58285

Provider: 363601 **San Bernardino County of Behavioral Health**
 850 East Foothill Boulevard, Suite A Rialto, 92376

Program Code : 3 Perinatal

Service Code : 68 Case Management

Desc:

Units: 3,838 Hours
 Cost Per Unit: 75.01

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
41c	Perinatal State General Fund(PSGF)	\$226,278.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363615 **Matrix Institute on Addiction**
 9375 Archibald Avenue, Suite 204 Rancho Cucamonga, 91730

Program Code : 4 **Alco/Drug-other1**

Service Code : 68 **Case Management**

Desc:CPS

Units: 52 Hours

Cost Per Unit: 75.00

Line#	Funding Sources	Amount
82	County Fund - Other	\$3,900.00

Total: \$3,900.00

Program Code : 16 **NNA/Drug Court A/D**

Service Code : 68 **Case Management**

Desc:Drug Court

Units: 900 Hours

Cost Per Unit: 77.91

Line#	Funding Sources	Amount
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$30,009.00
84	Fees	\$40,110.00

Total: \$70,119.00

Provider: 363616 **Hi-Desert Mental Health Center**
 301 East Mountain View, Suite 100 Barstow, 92311

Program Code : 1 **Alcohol/Drug**

Service Code : 68 **Case Management**

Desc:

Units: 130 Hours

Cost Per Unit: 75.00

Line#	Funding Sources	Amount
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$9,750.00

Total: \$9,750.00

Program Code : 2 **Parolee**

Service Code : 68 **Case Management**

Desc:PSN

Units: 47 Hours

Cost Per Unit: 75.00

Line#	Funding Sources	Amount
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$3,525.00

Total: \$3,525.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363618 **Mental Health Systems Inc.**
1403 Bailey Avenue, Suite E Needles, 92363

Program Code : 1 Alcohol/Drug

Service Code : 68 Case Management

Desc:

Units: 135 Hours

Cost Per Unit: 42.14

Line# Funding Sources

Amount

82 County Fund - Other

\$5,689.00

Total: \$5,689.00

Provider: 363619 **Operation Breakthrough, Inc.**
4000 Pedder Road Big Bear Lake, 92315

Program Code : 1 Alcohol/Drug

Service Code : 68 Case Management

Desc:

Units: 457 Hours

Cost Per Unit: 58.63

Line# Funding Sources

Amount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$26,795.00

Total: \$26,795.00

Program Code : 4 Alcol/Drug-other1

Service Code : 68 Case Management

Desc:CPS

Units: 131 Hours

Cost Per Unit: 75.00

Line# Funding Sources

Amount

82 County Fund - Other

\$9,825.00

Total: \$9,825.00

Provider: 363623 **Monterongo Basin-Mental Health Association, Inc.**
55175 Santa Fe Trail Yucca Valley, 92284

Program Code : 1 Alcohol/Drug

Service Code : 68 Case Management

Desc:

Units: 351 Hours

Cost Per Unit: 70.88

Line# Funding Sources

Amount

50-02 SAPT Discretionary - FFY 2002 Award (93.959)

\$24,880.00

Total: \$24,880.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363630 **County of San Bernardino-Department of Behavioral Health**
 12015 Hesperia Road Victorville, 92392

Program Code : 1 **Alcohol/Drug**

Service Code : 68 **Case Management**

Desc:

Units: 1,700 Hours
 Cost Per Unit: 74.39

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-03	SAPT Discretionary - FFY 2003 Award (93.959)	\$126,459.00
Total:		\$126,459.00

Provider: 363634 **Desert Child/Adolescent/Family Services**
 1613 Victor Street Victorville, 92392

Program Code : 1 **Alcohol/Drug**

Service Code : 68 **Case Management**

Desc:

Units: 120 Hours
 Cost Per Unit: 75.27

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$9,032.00
Total:		\$9,032.00

Program Code : 2 **Parolee**

Service Code : 68 **Case Management**

Desc:PSN

Units: 279 Hours
 Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$20,925.00
Total:		\$20,925.00

Program Code : 4 **Alco/Drug-other1**

Service Code : 68 **Case Management**

Desc:CPS

Units: 205 Hours
 Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$15,375.00
Total:		\$15,375.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1
(Sorted by Modality, Provider, Program, Service)

San Bernardino County

Provider: 363645 **Social Science Services**
18112 Santa Ana Avenue Bloomington, 92316

Program Code : 1 Alcohol/Drug

Service Code : 68 Case Management

Desc:

Units: 198 Hours

Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$14,850.00
Total:		\$14,850.00

Provider: 363646 **City of San Bernardino**
701 North D Street, Suite 7-8 San Bernardino, 92401

Program Code : 1 Alcohol/Drug

Service Code : 68 Case Management

Desc:

Units: 670 Hours

Cost Per Unit: 53.53

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$35,868.00
Total:		\$35,868.00

Program Code : 2 Parolee
Service Code : 68 Case Management

Desc:PSN

Units: 33 Hours

Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$2,475.00
Total:		\$2,475.00

Program Code : 4 Alco/Drug-other1
Service Code : 68 Case Management

Desc:CPS

Units: 16 Hours

Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$1,200.00
Total:		\$1,200.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363653 Mental Health Systems, Inc.
801 West Cotton Avenue Suite D & E Redlands, 92374

Program Code : 14 M A Calwks

Service Code : 68 Case Management

Desc: CalWORKS

Units: 77 **Hours**

Cost Per Unit: 74.45

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
80e	DSS/CalWORKS SGF	\$5,733.00
Total:		\$5,733.00

Provider: 363659 People's Choice Inc
1211 West Highland Suite 5, 6, 9, 11 San Bernardino, 92411

Program Code : 20 Adolescent/Youth Treatment

Service Code : 68 Case Management

Desc: Youth

Units: 250 **Hours**

Cost Per Unit: 60.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50a-02	Adolescent/Youth Treatment Program - FFY 2002 Award (93.959)	\$15,000.00
Total:		\$15,000.00

Provider: 363661 Redlands Yucaipa Guidance Clinic Association, Inc.
3024 Yucaipa Boulevard, Suite B,C & D Yucaipa, 92399

Program Code : 1 Alcohol/Drug

Service Code : 68 Case Management

Desc:

Units: 108 **Hours**

Cost Per Unit: 63.60

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$6,869.00
Total:		\$6,869.00

Program Code : 2 Parolee

Service Code : 68 Case Management

Desc: PSN

Units: 11 **Hours**

Cost Per Unit: 78.36

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$862.00
Total:		\$862.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363666 **Inland Behavioral Services**
 1983 North E Street San Bernardino, 92405
Program Code : 1 Alcohol/Drug
Service Code : 68 Case Management

Desc:

Units: 905 Hours

Cost Per Unit: 71.92

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
50-02	SAPT Discretionary - FFY 2002 Award (93.959)	\$65,089.00
Total:		\$65,089.00

Program Code : 2 Parolee
Service Code : 68 Case Management

Desc:PSN

Units: 56 Hours

Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
46	Parolee Services Network Funds (BASN, PPNP, PPP)	\$4,200.00
Total:		\$4,200.00

Program Code : 3 Perinatal
Service Code : 68 Case Management

Desc:Peri.

Units: 667 Hours

Cost Per Unit: 74.96

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
52-02	SAPT Perinatal Set-Aside - FFY 2002 Award (93.959)	\$50,000.00
Total:		\$50,000.00

Program Code : 4 Alco/Drug-other1
Service Code : 68 Case Management

Desc:CPS

Units: 198 Hours

Cost Per Unit: 75.00

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
82	County Fund - Other	\$14,850.00
Total:		\$14,850.00

ANCILLARY SERVICES

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363695 **Mental Health systems, Inc**

15770 Mojave Drive Suite L Victorville, 92392

Program Code : 14 **NNA Calwks****Service Code :** 68 **Case Management****Desc:** CalWORKS**Units:** 241 **Hours****Cost Per Unit:** 51.23**Line#** **Funding Sources****Amount**

80e DSS/CalWORKS SGF

\$12,347.00

Total: \$12,347.00**Provider:** 363699 **San Bernardino County Office of Alcohol & Drug Programs**

6100 Riverside Drive Suite H Chino, 91710

Program Code : 1 **Alcohol/Drug****Service Code :** 68 **Case Management****Desc:****Units:** 1,300 **Hours****Cost Per Unit:** 73.59**Line#** **Funding Sources****Amount**

50-03 SAPT Discretionary - FFY 2003 Award (93.959)

\$95,662.00

Total: \$95,662.00**Program Code :** 3 **Perinatal****Service Code :** 68 **Case Management****Desc:****Units:** 3,200 **Hours****Cost Per Unit:** 86.99**Line#** **Funding Sources****Amount**

41c Perinatal State General Fund(PSGF)

\$101,874.00

52-03 SAPT Perinatal Set Aside - FFY 2003 Award (93.959)

\$176,484.00

Total: \$278,358.00

DRIVING UNDER THE INFLUENCE

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 363622 **Marongo Basin Mental Health**
6011 White Feather Road Joshua Tree, 92252

Program Code : 1 Alcohol/Drug

Service Code : 90 Driving Under the Influence

Desc:

Units: 437 Persons Served

Cost Per Unit: 275.98

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
		Total:
		\$120,604.00

Provider: 363627 **First Family Services, Inc.**
20765 Highway 18 Skyforest, 92385

Program Code : 1 Alcohol/Drug

Service Code : 90 Driving Under the Influence

Desc:

Units: 219 Persons Served

Cost Per Unit: 358.89

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
89	DUI Fees(exclude adm for SvcCd 90) & adm(SvcCd 00)	\$78,598.00
		Total:
		\$78,598.00

Provider: 369000 **Valley Improvement Programs**
211 West B Street Ontario, 91762

Program Code : 1 Alcohol/Drug

Service Code : 90 Driving Under the Influence

Desc:

Units: 1,303 Persons Served

Cost Per Unit: 328.11

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
89	DUI Fees(exclude adm for SvcCd 90) & adm(SvcCd 00)	\$427,525.00
		Total:
		\$427,525.00

Provider: 369001 **Valley Improvement Programs**
801 Archibald Street, Building 18, Suite A Rancho Cucamonga, 91730

Program Code : 1 Alcohol/Drug

Service Code : 90 Driving Under the Influence

Desc:

Units: 910 Persons Served

Cost Per Unit: 351.62

<u>Line#</u>	<u>Funding Sources</u>	<u>Amount</u>
89	DUI Fees(exclude adm for SvcCd 90) & adm(SvcCd 00)	\$319,971.00
		Total:
		\$319,971.00

DRIVING UNDER THE INFLUENCE

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

(Sorted by Modality, Provider, Program, Service)

Provider: 369010 **C** **nterview Addictive Recovery**
 1. Business Center Drive, Suite 101 San Bernardino, 92408

Program Code : 1 **A** **lcohol/Drug****Service Code :** 90 **D** **riving Under the Influence****Desc:****Units:** 402 **Persons Served****Cost Per Unit:** 328.64

<u>Line#</u>	<u>Funding Source</u>	<u>Amount</u>
		Total:
		\$132,115.00

Provider: 369015 **C** **alifornia Traffic-Training Schools**
 1200 Central Avenue Chino, 91710

Program Code : 1 **A** **lcohol/Drug****Service Code :** 90 **D** **riving Under the Influence****Desc:****Units:** 1,252 **Persons Served****Cost Per Unit:** 297.12

<u>Line#</u>	<u>Funding Source</u>	<u>Amount</u>
89	DUI Fees(excl: e adm for SvcCd 90) & adm(SvcCd 00)	\$371,989.00
		Total:
		\$371,989.00

Provider: 369020 **M** **ental Health Systems**
 11 North E Street San Bernardino, 92405

Program Code : 1 **A** **lcohol/Drug****Service Code :** 90 **D** **riving Under the Influence****Desc:****Units:** 809 **Persons Served****Cost Per Unit:** 275.58

<u>Line#</u>	<u>Funding Source</u>	<u>Amount</u>
89	DUI Fees(excl: e adm for SvcCd 90) & adm(SvcCd 00)	\$222,946.00
		Total:
		\$222,946.00

Provider: 369025 **F** **acilitation Alcohol Program**
 800 Sierra, #105 Fontana, 92335

Program Code : 1 **A** **lcohol/Drug****Service Code :** 90 **D** **riving Under the Influence****Desc:****Units:** 1,402 **Persons Served****Cost Per Unit:** 327.70

<u>Line#</u>	<u>Funding Source</u>	<u>Amount</u>
89	DUI Fees(excl: e adm for SvcCd 90) & adm(SvcCd 00)	\$459,442.00
		Total:
		\$459,442.00

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
DRIVING UNDER THE INFLUENCE PROGRAM SERVICES
SUMMARY**

2002-03 NNA /Drug Medi-Cal Budget V.1

San Bernardino County

Line#	Funding Sources	Total Costs All Providers	Total DUI Fees To County For Admin. & Monitoring All Providers	Net Program Costs (Total Less Fees To County)
80	Non-County Revenue	0	0	
80c	State General Fund	0	0	
81c	Required County Match	34,749	34,749	
82	County Fund - Other	0	0	
85	Insurance	0	0	
87	PC 1463.16 - Statham	0	0	
87c	Statham - Match	0		
88	Excess DUI Profit/Surplus	26,782	0	26,782
89	DUI Fees(exclude adm for SvcCd 90) & adm(SvcCd 00)	3,689,450	65,000	3,624,450
90a	Obligated Unexpended State Gen Funds-Prior FY's	0	0	
90d-0	Obligated Unexpended Non-Perinatal SFG - FY 2001-02	0		

Total		3,750,981	99,749	3,651,232
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Total Estimated Units of Service : 11,680

Average Cost Per Unit of Service: 312.61

Department of Alcohol and Drug Program
2002-03 NNA /Drug Medi-Cal Budget V.1
NET DEDICATED CAPACITY REPORT(NNA Only)

San Bernardino County

Alcohol And Drug Funding

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SUPPORT SERVICES	Hours	\$2,752,482.00	21,779.7	\$126.38
PRIMARY PREVENTION	Hours	\$2,819,737.00	63,869.1	\$44.15
SECONDARY PREVENTION				
NONRESIDENTIAL	Hours	\$998,148.00	14,487.9	\$68.90
NARCOTICS TREATMENT	Slot Days		.0	
RESIDENTIAL	Bed Days	\$2,764,594.00	48,117.0	\$57.46
ANCILLARY SERVICES	Hours	\$1,153,327.00	11,986.9	\$96.22
ANCILLARY SERVICES	SACPA DrugTests	\$408,844.00	58,285.0	\$7.01
DRIVING UNDER THE INFLUENCE	Persons Served		.0	
Total:		\$10,897,132.00	218,525.7	\$49.87

Parolee Funding

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SUPPORT SERVICES	Hours	\$39,751.00	519.0	\$76.59
PRIMARY PREVENTION				
SECONDARY PREVENTION				
NONRESIDENTIAL	Hours	\$224,720.00	3,458.0	\$64.99
NARCOTICS TREATMENT				
RESIDENTIAL	Bed Days	\$322,315.00	5,661.0	\$56.94
ANCILLARY SERVICES	Hours	\$61,505.00	819.0	\$75.10
DRIVING UNDER THE INFLUENCE				
Total:		\$648,291.00	10,457.0	\$62.00

Perinatal Funding

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SUPPORT SERVICES	Hours	\$364,368.00	4,328.4	\$84.18
PRIMARY PREVENTION				
SECONDARY PREVENTION				
NONRESIDENTIAL	Hours	\$168,976.00	1,699.1	\$99.45
NONRESIDENTIAL	Visit Days	\$352,234.00	3,255.1	\$108.21
NARCOTICS TREATMENT				
RESIDENTIAL				
ANCILLARY SERVICES	Hours	\$1,044,110.00	12,956.0	\$80.59
DRIVING UNDER THE INFLUENCE				
Total:		\$1,929,688.00	22,238.6	\$86.77

Mentor

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SUPPORT SERVICES				
PRIMARY PREVENTION				

Net Budgt does NOT include line 40,40a,40b,41x,58a,70,78,78a,78b,78c,79,80,80e,80h,80x,82,82a,82b,83,84,85,86,87,88,89,89a or SC 08

Department of Alcohol and Drug Program
2002-03 NNA /Drug Medi-Cal Budget V.1
NET DEDICATED CAPACITY REPORT(NNA Only)

San Bernardino County

Mentor

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SECONDARY PREVENTION				
NONRESIDENTIAL				
NARCOTICS TREATMENT				
RESIDENTIAL				
ANCILLARY SERVICES				
DRIVING UNDER THE INFLUENCE				

Total: \$0.00 .0

NNA Drug Court

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SUPPORT SERVICES				
PRIMARY PREVENTION				
SECONDARY PREVENTION				
NONRESIDENTIAL	Hours	\$752,915.00	14,743.7	\$51.07
NARCOTICS TREATMENT				
RESIDENTIAL	Bed Days	\$52,000.00	868.0	\$59.91
ANCILLARY SERVICES	Hours	\$30,009.00	385.2	\$77.90
DRIVING UNDER THE INFLUENCE				

Total: \$834,924.00 15,996.9 \$52.19

Adolescent/Youth Treatment

Modality	Unit Type	Net Budget	Net Units	Cost per Unit
SUPPORT SERVICES				
SECONDARY PREVENTION				
NONRESIDENTIAL	Hours	\$382,442.00	5,115.0	\$74.77
NARCOTICS TREATMENT				
RESIDENTIAL				
ANCILLARY SERVICES	Hours	\$15,000.00	250.0	\$60.00
DRIVING UNDER THE INFLUENCE				

Total: \$397,442.00 5,365.0 \$74.08

FY 2002/2003

**Combined NNA/DMC
County/State Contract
Boilerplate**

Effective 7-1-02

G. Termination

1. This contract may be terminated by either party by delivering written notice of termination to the other party at least 30 days prior to the effective date of termination. The notice shall state the effective date of and reason for the termination. In the event of changes in law that affect provisions of this Contract, the parties agree to amend the affected provisions to conform with the changes in law retroactive to the effective date of such changes in law. The parties further agree that the terms of this Contract are severable and in the event that changes in law render provisions of the contract void, the unaffected provisions and obligations of this Contract will remain in full force and effect.
2. State may terminate this contract immediately for cause. The term "for cause" means that the Contractor failed to meet the terms, conditions, and/or responsibilities of the contract. State shall provide the contractor with written notice of the termination, including the effective date and reason for the termination. The termination of the contract shall be effective as of the date indicated in the written notice.
3. The following additional provisions regarding termination apply only to Exhibit D of this contract:
 - (a) In the event the federal Department of Health and Human Services (hereinafter referred to as DHHS) the California Department of Health Services (hereinafter referred to as DHS) or State determines Contractor does not meet the requirements for participation in the DMC Program, State will terminate Exhibit D of this contract for cause.
 - (b) All obligations to provide covered services under this contract will automatically terminate on the effective date of any termination of this contract. Contractor will be responsible for providing or arranging for covered services to beneficiaries until the termination or expiration of the contract.

Contractor will remain liable for processing and paying invoices and statements for covered services and utilization review requirements prior to the expiration or termination until all obligations have been met.
 - (c) In the event Exhibit D of this contract is terminated, Contractor shall refer DMC clients to providers who are certified to provide the type(s) of services the client has been receiving.

2. No state funds received under this Contract will be used to assist, promote, or deter union organizing.
3. Contractor will not, for any business conducted under this Contract, use any state property to hold meetings with employees or supervisors, if the purpose of such meetings is to assist, promote or deter union organizing unless the state property is equally available to the general public for holding meetings.
4. If Contractor incurs costs, or makes expenditures to assist, promote, or deter union organizing, Contractor will maintain records sufficient to show that no reimbursement from state funds has been sought for these costs, and Contractor shall provide those records to the Attorney General upon request.

Contractor shall include the foregoing provisions in all of its subcontracts.

N. Prevention Business Practices

Contractor agrees to comply with the following prevention business practices in its prevention activities funded under this contract, and provide evidence of compliance with these practices if requested by State:

- (1) **Assessment of Needs with Data:**
Through the use of data relevant to specific communities, identify at risk and under-served populations and their environmental risks related to alcohol and other drugs.
- (2) **Prioritize and Commit to Purpose:**
Through local or regional advisory bodies (coalitions), establish prevention priorities for the assessed needs. Provide a sound validation for the selection of priorities; identify the benefits. Provide evidence that identified priorities and desired outcomes are culturally relevant to priority populations.
- (3) **Determine Outcome Objectives and Measurements:**
Establish the desired goal/desired outcome, objectives, and actions using well-defined terms. Determine the "who, what, where, when and how" that will attain these. Specify how prevention actions will be measured to monitor interim and final results.
- (4) **Proven Prevention Strategies:**
Select prevention activities/services based on identified theories or practices supported by evaluation/research evidence that substantiates these actions are, or promise to be, effective for attaining the desired outcome. Select or adapt actions to assure they are culturally relevant to the intended populations and communities.

- (b) the person's or organization's policy of maintaining a drug-free work place;
 - (c) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) the penalties that may be imposed upon employees for drug abuse violations.
3. Provide, as required by the Government Code, Section 8355(c), that every employee engaged in the performance of the contract:
- (a) be given a copy of Contractor's drug-free policy statement; and
 - (b) as a condition of employment on the contract, agree to abide by the terms of the statement.
4. Failure to comply with these requirements for a drug-free work place may result in suspension of payments under, or termination of, this contract or both, and Contractor or its subcontractors may be ineligible for future state contracts if State determines that any of the following has occurred:
- (a) Contractor has made false certification; or
 - (b) Contractor has violated the certification by failing to carry out the requirements as noted above.

S. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drug- and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug- or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

T. Smoking Prohibition Requirements

Contractor shall comply, and require that subcontractors comply, with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education, or library services to children under the age of 18 if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor

NEGOTIATED NET AMOUNT

ARTICLE I. FORMATION AND PURPOSE

A. Authority

State and Contractor enter into Exhibit C by authority of Chapters 3.3 of Part 1, Division 10.5 of the HSC and with approval of Contractor's County Board of Supervisors (or designee) for the purpose of providing alcohol and drug services, which will be reimbursed pursuant to this Exhibit C. State and Contractor identified in the Standard Agreement are the only parties to this contract. This contract is not intended, nor shall it be construed, to confer rights on any third party.

B. Control Requirements

1. Performance under the terms of Exhibit C is subject to all applicable federal and state laws, regulations, and standards. In accepting the State drug and alcohol combined program allocation pursuant to HSC, Sections 11757(a) and (b), Contractor shall (i) establish, and shall require subcontractors to establish, written accounting procedures consistent with the following requirements, and (ii) be held accountable for audit exceptions taken by State against Contractor and its subcontractors for any failure to comply with these requirements:
 - (a) HSC, Division 10.5;
 - (b) Title 9, California Code of Regulations, Division 4;
 - (c) Government Code Section 16367.8
 - (d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
 - (e) Title 42, United States Code (USC), Section 300x-5;
 - (f) Title 42 USC, Chapter 6A, Subchapter XVII Part B, Subpart II, commencing at Section 300x-21];
 - (g) Single Audit Act of 1984 (31 USC section 7501 et seq.) and the Single Audit Act Amendments of 1996 (31 USC sections 7501-7507) and the corresponding most recently revised OMB Circular A-133;
 - (h) Title 45 CFR, Part 96, Subparts C, and L, Substance Abuse Prevention and Treatment Block Grant,

ARTICLE II. DEFINITIONS

- A. The words and terms of this contract are intended to have their usual meanings unless a particular or more limited meaning is associated with their usage pursuant to Division 10.5 of HSC, Section 11750 et seq., and Title 9, CCR, Section 9000 et seq. The following definitions shall apply to Exhibit C:
1. **"Available Capacity"** means the total number of units of service (bed days, hours, slots, etc.) that a Contractor actually makes available in the current fiscal year.
 2. **"Contractor"** means (a) the county identified in the Standard Agreement or (b) the department authorized by the County Board of Supervisors to administer alcohol and drug programs.
 3. **"Dedicated Capacity"** means the historically calculated service capacity, by modality, adjusted for the projected expansion or reduction in services, which Contractor agrees to make available to provide non-DMC drug and alcohol services to persons eligible for Contractor services.
 4. **"Encumbered Amount"** means the amount reflected on the Standard Agreement of this contract and supported by Exhibit A1, the County Prevention and Treatment Programs Fiscal Summary and Provider Fiscal Detail Forms as the Negotiated Net Amount (NNA).
 5. **"Final Allocation"** means the amount of funds identified in the last allocation letter issued by State for the current fiscal year.
 6. **"Modality"** means those necessary general activities identified in the Dedicated Capacity Reports included in the County Prevention and Treatment Programs Fiscal Summary and Provider Fiscal Detail Forms, Exhibit A1, to provide alcohol and/or drug prevention or treatment that conform to the services described in Division 10.5 of the HSC.
 7. **"Negotiated Net Amount (NNA)"** means the contracted amount of funds for services agreed to by State and Contractor, less funds budgeted for DMC. The net amount reflects only those funds allocated to Contractor by State and the required county match for SGF as reflected in the County Prevention and Treatment Programs Fiscal Summary and Provider Fiscal Detail Forms portion of the Exhibit A1. The NNA does not include other revenue budgeted by Contractor such as client fees or revenue in excess of the required match for SGF. The cost per unit for the dedicated capacity to be provided for each service modality identified in the contract will be based on the net amount of the contract. Exhibit A1 will be used as a negotiating document.

ARTICLE III. FISCAL PROVISIONS**A. Funding Authorization**

1. Exhibit C is valid and enforceable subject to sufficient funds being made available to State by the United States Government and subject to authorization and appropriation of sufficient funds pursuant to the State's Budget Act.
2. In the event the United States Government and/or the State Government do not authorize and appropriate sufficient funds for State to allocate amounts pursuant to the Payment Provisions of Exhibit C, it is mutually agreed that the Contract shall be amended to reflect any reduction in the Payment Provisions and the Performance Provisions.
3. Contractor shall bear the financial risk in providing any alcohol and/or drug services covered by this Exhibit C.

B. Payment Provisions

1. The NNA shall be based on the projected cost of services less the projected revenues. The projected cost of services shall be based on historical data of actual costs and current capacity, which shall be provided to State by Contractor.
2. For each fiscal year, the total amount payable by State to Contractor under Exhibit C shall not exceed the encumbered amount. The funds identified for the fiscal years covered by Exhibit C are subject to change depending on the availability and amount of funds appropriated by the Legislature and the Federal Government. The amount of funds available for expenditure by Contractor shall be limited to the amount identified in the final allocations issued by State for that fiscal year or the NNA, whichever is less. Changes to encumbered funds will require written amendment to the contract. State may settle costs for NNA services based on the year-end cost settlement report as the final amendment to the approved single state/county contract.
3. In the event a contract amendment is required pursuant to the preceding paragraph, Contractor shall submit to State the contract exhibits requested by State in order to initiate the contract amendment. Any such requested exhibits shall be forwarded to State 60 days after State issues a notice of the State Budget Act allocation or any revised allocation with the exception of the final allocation. To the extent Contractor is notified of the State Budget Act allocation prior to the execution of the Contract, State and Contractor may agree to amend the contract after the issuance of the first revised allocation.

- (b) On-site visits focus on compliance and controls over compliance areas. The reviewer must make site visits to the subrecipient's location(s), and documents the visits using a checklist or program focusing on the compliance areas. All findings noted during the on-site monitoring shall be handled in the same manner as any exceptions noted during single or program-specific audits.
 - (c) Reviews of supporting documentation submitted by providers include, but are not limited to, reviews of copies of invoices, canceled checks, and time sheets. Prior to reimbursement the reviewer shall determine if the costs are allowable under the terms of the federal award.
4. Reports of audits conducted by State shall reflect all findings, recommendations, adjustments, and corrective action as a result of its findings in any areas.
 5. Contractor shall be responsible for any disallowance taken by the Federal Government, the State, or the Bureau of State Audits, as a result of any audit exception that is related to Contractor's responsibilities herein. Contractor agrees to develop and implement any corrective action plans in a manner acceptable to State in order to comply with recommendations contained in any audit report. Such corrective action plans shall include time-specific objectives to allow for measurement of progress and are subject to verification by State within one year from the date of the plan.
 6. If differences cannot be resolved between State and Contractor regarding the terms of the final audit settlements for funds expended under Exhibit C, Contractor may request an appeal in accordance with the appeal process described in Document 1J, "Audit Appeals Process," incorporated by this reference.

F. Revenue Collection

Contractor shall conform to revenue collection requirements in Division 10.5 of the HSC, Sections 11841 and 11991.5.

G. County Match Requirements

Contractor shall comply with the following requirements pursuant to HSC, Sections 11840, 11840.1, and 11987.4:

1. Counties with populations over 100,000:
 - (a) Non-DMC SGF allocations shall be funded on the basis of 90 percent SGF and 10 percent county funds, except local hospital inpatient costs to the extent there are allocations made for local hospital inpatient costs, which shall be funded on a basis of 85 percent SGF and 15 percent county funds; and

ARTICLE IV. PERFORMANCE PROVISIONS**A. Monitoring**

1. Contractor's performance under Exhibit C shall be monitored by State during the term of this contract. Monitoring criteria shall include, but not be limited to:
 - (a) whether the quantity of work or services being performed conform with Exhibit A1;
 - (b) whether Contractor has established and is monitoring quality standards;
 - (c) whether Contractor is abiding by all the terms and requirements of this contract; and
 - (d) whether Contractor is abiding by the terms of the Perinatal Services Network Guidelines (Document 1G).
2. Failure to comply with the above provisions shall constitute grounds for State to suspend or recover payments, subject to Contractor's right of appeal, or may result in termination of the contract or both.

B. Performance Requirements

1. Contractor shall provide the NNA dedicated capacity by service modality and capacity, ~~regulated by Contractor and State, as set forth in Exhibit A1~~
2. Contractor shall provide services to all eligible persons in accordance with federal and state statutes and regulations. Contractor shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:
 - (a) lack of educational materials or other resources for the provision of services;
 - (b) geographic isolation and transportation needs of persons seeking services or remoteness of services;
 - (c) institutional or cultural barriers;
 - (d) language differences;
 - (e) lack of service advocates; and

ARTICLE VI. GENERAL PROVISIONS**A. Records**

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor shall make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allow ability, and allocability of costs incurred by Contractor.

1. Contractor shall include in any contract with an audit firm a clause to permit access by State to the working papers of the external independent auditor, and require that copies of the working papers shall be made for State at its request.
2. Contractor shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Contractor's subcontracts shall require that all subcontractors comply with the requirements of this Section A.
6. Should a subcontractor discontinue its contractual agreement with Contractor, or cease to conduct business in its entirety, Contractor shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

Document 1Q:	Youth Development and Crime Prevention Initiative Project Quarterly Report
Document 1R:	Youth Development and Crime Prevention Initiative Solicitation for Proposals and Project-Wide Benchmarks
Document 1S:	State Contracting Manual Section 7.40 – Insurance Requirements
Document 1T:	Prevention Activities Data System (PADS) Forms, ADP 7235A-G
Document 1U:	Research-Based Prevention Requirements
Document 1V:	Youth Treatment Guidelines
Document 2P(c):	County Certification – Prevention and Treatment Cost Report Year-End Claim for Reimbursement

*Document identifiers 1"I" and 1"O" were not used to avoid confusion with numbers.

ARTICLE II. DEFINITIONS

The words and terms of this contract are intended to have their usual meaning unless a specific or more limited meaning is associated with their usage pursuant to the HSC, Title 9, and/or Title 22. Definitions of covered treatment modalities and services are found in Title 22 (Document 2C) and are incorporated by this reference. The following definitions shall apply to Exhibit D of this contract:

- A. **"Administrative Costs"** means Contractor's direct costs to administer the program or an activity to provide service to the DMC program. Administrative costs do not include the cost of treatment or other direct services to the beneficiary. Administrative costs may include, but are not limited to, the cost of training, program review, and activities related to billing.
 - B. **"Beneficiary"** means a person who (a) has been determined eligible for Medi-Cal; (b) is not institutionalized; (c) has a substance-related disorder per the "Diagnostic and Statistical Manual of Mental Disorders III Revised (DSM)," and/or DSM IV criteria; and (d) meets the admission criteria to receive DMC covered services.
 - C. **"Contractor"** means the county identified in the Standard Agreement or the department authorized by that County's Board of Supervisors to administer alcohol and drug programs.
 - D. **"Covered Services"** means those DMC services authorized by Title XIX of the Social Security Act; Title 22 Section 51341.1; HSC Section 11758.46; and California's Medicaid State Plan. Covered services are Naltrexone treatment, outpatient drug-free treatment, narcotic replacement therapy, day care rehabilitative (for pregnant and perinatal beneficiaries only), and perinatal residential substance abuse treatment.
 - E. **"Drug Medi-Cal Program"** means the state system wherein beneficiaries receive covered services from DMC-certified substance abuse treatment providers who are reimbursed for those services with a combination State General Fund (SGF) and federal Medicaid funds.
 - F. **"Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program"** means the federally mandated Medicaid benefit that entitles full-scope Medi-Cal-covered beneficiaries under 21 years of age to receive any Medicaid service necessary to correct or ameliorate a defect, mental illness, or other condition, such as a substance-related disorder, that is discovered during a health screening.
- "EPSDT (Supplemental Service)"** means the supplemental individual outpatient drug-free (ODF) counseling services provided to beneficiaries eligible for the EPSDT program. Supplemental individual ODF counseling consists of any necessary individual alcohol and other drug (AOD) counseling not otherwise included in the ODF counseling modality under the DMC program.

- Y. **"Unit of Service"** means a face-to-face contact on a calendar day for outpatient drug free, day care rehabilitative, perinatal residential, and Naltrexone treatment services. Only one face-to-face service contact per day is covered by DMC except in the case of emergencies when an additional face-to-face contact may be covered for crisis intervention. To count as a unit of service, the second contact shall not duplicate the services provided on the first contact, and each contact shall be clearly documented in the beneficiary's record. Units of service and proposed SMA for FY 2002-03 are:

Service	Type of Unit of Service (UOS)	Non-perinatal UOS	Perinatal UOS	Rate
Day Care Rehabilitative	Face-to-Face Visit	\$67.93 for EPSDT only	\$75.99	Statewide Maximum Allowance
Naltrexone Treatment	Face-to-Face Visit	\$21.19	N/A	Statewide Maximum Allowance
Outpatient Drug-Free Treatment	Face-to-Face Individual Group	\$63.90 \$30.60	\$106.08 \$46.97	Statewide Maximum Allowance
Perinatal Residential	Residential Day	N/A	\$76.18	Statewide Maximum Allowance

8. Contractor shall notify State in writing prior to reducing the provision of covered services. In addition, any proposal to change the location where covered services are provided, or to reduce their availability, shall be submitted in writing to State 60 days prior to the proposed effective date. Contractor shall not implement the proposed changes if State denies Contractor's proposal.
9. Contractor shall amend its subcontracts for covered services in order to provide sufficient DMC SGF to match allowable federal Medicaid reimbursements for any increase in provider DMC services to beneficiaries.
10. Contractor shall require that providers of perinatal DMC services are properly certified to provide these services and comply with the requirements contained in Title 22, Section 51341.1, Services for Pregnant and Postpartum Women. Contractor shall submit Document 2D, "Perinatal Services Monthly Report," no later than 30 days after the last day of the reporting month.
11. In the event that Contractor fails to provide covered services in accordance with the provisions of this contract, at the discretion of State, Contractor may be required to forfeit its DMC SGF allocation and surrender its authority to function as the administrator of covered services in its service area.
12. The failure of Contractor or its subcontractors to comply with Section B of this Article will be deemed a breach of this contract sufficient to terminate this contract for cause. In the event the contract is terminated, the provision of Exhibit B, Paragraph G, Item 2 shall apply.

C. Provider Participation, Certification, Recertification, and Appeals

1. State will review and certify eligible providers to participate in the DMC program. Certification agreements will not be time limited. State will conduct recertification on-site visits at clinics for circumstances identified in the "Drug Medi-Cal Certification Standards for Substance Abuse Clinics," (Document 2E). Document 2E contains the appeal process in the event State disapproves a provider's request for certification or recertification and shall be included in Contractor's subcontracts.
2. Contractor shall include a provision in its subcontracts informing the provider that it may seek assistance from State in the event of a dispute over the terms and conditions of subcontracts.

1. Contractor shall be reimbursed by State on the basis of its actual net reimbursable cost, including any allowable county administrative costs, not to exceed the unit of service maximum rate.

Pursuant to HSC Section 11758.42 (c), reimbursement to NTP providers shall be limited to the lower of either the uniform statewide monthly reimbursement rate, or the provider's usual and customary charge to the general public for the same or similar service.

2. Pursuant to HSC Section 11987.5(a)(2), Contractor shall reimburse providers that receive a combination of Medi-Cal funding and other federal or state funding for the same service element and location based on the provider's actual costs in accordance with Medi-Cal reimbursement requirements as specified in Title XIX of the Social Security Act; Title 22, and the State's Medicaid Plan. Payments at negotiated rates shall be settled to actual cost at year-end.

H. Allowable Costs

Allowable costs, as used in Section 51516.1 of Title 22 shall be determined in accordance with Title 42, CFR, Parts 405 and 413, and Centers for Medicare and Medicaid Services (CMS), "Provider Reimbursement Manual (Publication Number 15)." In accordance with W&IC Sections 14132.44 and 14132.47, funds allocated to Contractor for DMC services, including funding for substance abuse services for pregnant and postpartum women pursuant to Title 22, Section 51341.1(c), may not be used as match for targeted case management services or for Medi-Cal administrative activities.

I. Records and Additional Audit Requirements

1. Accurate fiscal records and supporting documentation shall be maintained by Contractor and its subcontractors to support all claims for reimbursement.
2. Should a subcontractor discontinue operations, Contractor shall retain the subcontractor's fiscal and program records for the required retention period.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by the State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.

ARTICLE V. INVOICE/CLAIM AND PAYMENT PROCEDURES

A. Interim Payments

1. State shall reimburse Contractor:
 - (a) for the period of July through September a monthly interim payment in arrears of one twelfth of the approved contract amount on Exhibit A1 for DMC SGF funds. Beginning with October, the DMC SGF payments will be based on approved services. When the DMC services are for Minor Consent, State shall pay a monthly interim payment from SGF of 100 percent of the projected cost of the projected units of service. In the event that Contractor approves the contract for the fiscal year subsequent to July 1 and prior to August 1, State will make an interim payment for DMC services retroactive to July 1.
 - (b) the federal Medicaid amount upon approval by DHS of the monthly claims and reports submitted in accordance with Section B, below.
 - (c) the federal Medicaid and DMC SGF:
 - (i) at either the USMR rate or the provider's usual or customary charge to the general public for NTPs; and
 - (ii) at a rate that is the lesser of the projected cost or the maximum rate allowance for other DMC modalities.
2. State will adjust subsequent reimbursements to Contractor to actual allowable costs. Actual allowable costs are defined in CMS Provider Reimbursement Manual.

B. Monthly Claims and Reports

1. Contractors or providers that bill State or the County for services identified in Section 51516.1 of Title 22 shall submit claim forms by paper or electronic submission. These forms include the following:

Document 2G, DMC Eligibility Work Sheet (ADP Form 1584);

Document 2H, Monthly Claim for DMC Reimbursement and Monthly Provider Service and Revenue Summary (ADP Form 1592); and,

Document 2J, Provider Report of DMC Claims Adjustments (ADP Form 5035C – Revised 9/99).

ARTICLE VI. POSTSERVICE POSTPAYMENT UTILIZATION REVIEW

- A. State shall conduct postservice postpayment utilization reviews in accordance with Title 22, Section 51341.1. Any claimed DMC service may be reviewed for compliance with all applicable standards, regulations and program coverage after services are rendered and the claim paid.
- B. State shall take appropriate steps to recover payments made if subsequent investigation uncovers evidence that the claim(s) should not have been paid or that DMC services have been improperly utilized.
- C. State shall monitor the subcontractor's compliance with postservice postpayment utilization review requirements in accordance with Title 22. DHS and the federal government may also review the existence and effectiveness of State's utilization review system.
- D. Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1, for the purposes of reviewing the utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

Documents 2Q(a) through 2Q(j):	ADP DMC Fiscal Detail, Report of Expenditures (7895 Forms)
Documents 2S(g-1) and 2S(g-2):	Cost Report Funding Application Worksheets for ODF-Group
Documents 2S(l-1) and 2S(l-2):	Cost Report Funding Application Worksheets for ODF-Individual

*Document identifiers 2"I" and 2"O" were not used in order to avoid confusion with numbers.

*Document identifier 2"R" is not being used at this time.

Documents 2S(d-1) and 2S(d-2):	Cost Report Funding Application Worksheets for DCH
Document 2T(a):	NTP DMC Cost Summary – Alcohol and Drug Services (Form ADP 7990 NTP-AD-C)
Document 2T(p):	NTP DMC Cost Summary – Perinatal Services (Form ADP 7990NTP-P-C)
Document 2V:	Narcotic Treatment Programs Quarterly Performance Report (report generated by ADP)
Document 2W:	ADP Letter 97-52, "New Minor Consent Aid Codes and Minor Consent Services to Pregnant/Postpartum Youth."

*Document identifier 2"U" was not used in order to avoid confusion with 2"V."